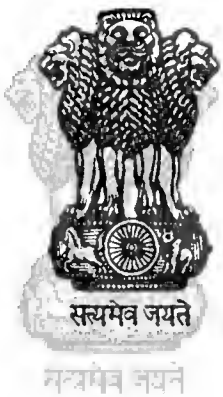
REPORT

OF THE

CONTRIBUTORY HEALTH SERVICE SCHEME

ASSESSMENT COMMITTEE



MINISTRY OF HEALTH

GOVERNMENT OF INDIA

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CHAPTER ONE

Introduction

Contributory Health Service Scheme was introduced in 1954 by the Ministry of Health. It was stated at that time that "the working of the Scheme shall be reviewed after a period of two years from the date of implementation. The Scheme is in the nature of a pilot scheme and on its success will depend the inauguration of a National Health Insurance Scheme. The Government of India, therefore, trust that the beneficiaries of the Scheme will extend their full co-operation in making it a success". The Scheme started functioning with 53,000 Government employees on its rolls, accounting for a total of 2,23,000 beneficiaries including family members. To start with, 16 dispensaries were set up for providing out-patient medical facilities. Since then, the Scheme has made big strides of development and at present is running 39 static and three mobile dispensaries and covers 1,06,000 Government employees with a total of 4,49,270 beneficiaries. In view of the undertaking given by the Ministry of Health in 1954 and also subsequent rapid development of this organisation, the Estimates Committee in its report of 1958-59 recommended that the time had arrived to review and evaluate the working of the Scheme. The Government of India, Ministry of Health thus under its letter No. 4 (I)-34/60-HII, dated the 4th March, 1961, constituted a Committee comprising the following—

1. Shri Radha Raman, M.P.—*Chairman.*
2. Shri M. P. Bhargava, M.P.—*Member.*
3. Dr. R. Viswanathan, Director, Vallabhbhai Patel Chest Institute, Delhi.—*Member.*
4. Shrimati K. Mankekar, C/o Times of India, New Delhi.—*Member.*
5. Shri P. G. Zachariah, Chief Welfare Officer, Ministry of Home Affairs, New Delhi.—*Member.*
6. Dr. R. S. Chawla, Employees' State Insurance Corporation, New Delhi.—*Member.*
7. Dr. W. Mathur, Assistant Director General (C.H.S.).—*Member Secretary.*

2. The terms of reference of the Committee were as follows—

   (*i*) To review the working of the Contributory Health Service Scheme and to report how far it has succeeded in improving the medical care facilities to Central Government servants in New Delhi and Delhi;

   (*ii*) To make a comparison between the medical care facilities available to the Central Service (Medical Attendance) Rules and those provided under the Contributory Health Service Scheme;

(*iii*) To determine whether the results achieved are commensurate with the expenditure incurred on the Scheme; and

(*iv*) To make an assessment of the quality of the service received by the beneficiaries and their reaction to the Scheme.

3. The Committee started its deliberations on 21st March, 1961 and after a preliminary discussion decided to inspect all the dispensaries and other institutions connected with the Contributory Health Service Scheme. The Committee carried out inspection visits on the 28th of March, 12th and 20th April, 1961. After these preliminary inspections, the Committee split itself into three working groups comprising the following—

1. Shri Radha Raman, M. P.
   Shrimati K. Mankekar.
   Dr. R. Viswanathan.

2. Shri M. P. Bhargava, M. P.
   Dr. W. Mathur.

3. Shri P. G. Zachariah.
   Dr. R.S. Chawla.

4. The dispensaries were split up into three groups and each group was inspected by one of the working parties. This work was carried out in the months of June and July, 1961. Shrimati K. Mankekar, however, did not participate in the deliberations of the Committee after April, 1961, as she permanently shifted to Bombay.

During these visits the members had ample opportunities to discuss the reactions of all sections of the beneficiaries as well as of the staff regarding working of the Scheme and were able to obtain first hand knowledge about the same. Later, the Committee collectively visited Willingdon and Safdarjang Hospitals, Medical Stores Depot, Employees' State Insurance Dispensaries and Patel Chest Institute. All this was done in order to gain a wider background of the nature of medical facilities afforded in these institutions and their mode of administration. Advantage was taken of these visits for carrying out personal discussions with the officers, staff and beneficiaries in all these institutions with a view to gaining an insight into their difficulties and to obtain their suggestions for improvements. Particular mention, in this respect, may also be made to the hospital visits where detailed observations were made regarding the working of the Contributory Health Service Scheme Wings of the hospitals and also the mode of hospitalization. A schedule of visits to the dispensaries and hospitals is given in Appendix I.

5. The Committee invited all the organisations of the Government of India employees to submit their suggestions for the improvement of the Contributory Health Service Scheme and also to send their representatives for personal

discussion. In all 110 representatives of the Senior and Junior Staff Councils appeared before the Committee for giving evidence. Invitation was extended to the medical and para-medical staff of the Contributory Health Service Scheme and no less than 20 specialists, 4 nominees of the Medical Officers Association and 7 members of the Contributory Health Service Scheme Staff Councils No. I and II, responded to our invitation and gave us the benefit of their opinion. We also had the privilege of discussions with Dr. T. R. Tewari, Director, Contributory Health Service Scheme, Colonel R. D. Ayyar, Dr. H. L. Khosla, Medical Superintendents of Safardarjang and Willingdon Hospitals respectively and Colonal M. S. Rao, Medical Consultant of the Contributory Health Service Scheme. Total number of persons interviewed were 147. In addition 79 written memoranda were also received. Lists of persons interviewed and of individuals and organisations who submitted memoranda are given in appendices II and III. A schedule of meetings of the Committee is given in Appendix IV.

CHAPTER TWO

Organisation and Scope

It would be desirable to recapitulate the objects with which the Scheme was inaugurated before giving an actual assessment of the Scheme. The Memorandum of the Ministry of Health dated the 1st May, 1954, stated that it was felt that the then existing system was expensive to the Government as well as unsatisfactory to the Government servants. The practice then in vogue was that the employees had to incur expenditure from their own pockets for their treatment which was later reimbursed by the Government. The families of Government servants were not given free attendance at their homes and Class IV employees were not entitled to domiciliary treatment. The system of reimbursement was a great handicap specially to low paid Government employees, who could ill-afford to incur the initial expenditure because it involved delays in settlement of the claims.

2. The Scheme seeks to remove the defects mentioned above and to provide more efficient and comprehensive medical service. It has abolished the distinction between Class IV and other classes of Government employees in the matter of free medical attendance and treatment. It extends the benefits of free medical service not only to all Central Government employees but to their families as well. The family for this purpose is defined as "The wife or husband, as the case may be, children or step-children and parents who are mainly dependent on and residing with the Government servant concerned". It was proposed that partly to meet the higher cost of the extended scheme and partly to inculcate the idea of partnership in the social security measures among the beneficiaries, the Government employees should make a monthly contribution towards it. The lowest employee is entitled to enjoy the same medical benefits as the highest officer. The rate of contribution by the employees has been fixed on a sliding scale as follows—

Gradation according to pay	Rate of monthly contribution
1. Rs. 2,000 and above	Rs. 12
2. From Rs. 1,500 to Rs. 1,999	Rs. 9
3. From Rs. 1,000 to Rs. 1,499	Rs. 6
4. From Rs. 750 to Rs. 999	Rs. 5
5. From Rs. 500 to Rs. 749	Rs. 4
6. From Rs. 250 to Rs. 499	Rs. 2-50 nP.
7. From Rs. 151 to Rs. 249	Rs. 1-50 nP.
8. From Rs. 76 to Rs. 150	Re. 0·75 nP.
9. Upto Rs. 75	Re. 0-50 nP.

The services provided include—

(*a*) Free medical attendance for the Government employees and their families at the dispensaries and at their residences.

(*b*) Free Specialist consultation and laboratory and X-ray investigations, etc.

(*c*) Free treatment in hospitals, including free diet to those drawing less than Rs. 180 p.m.

(*d*) Supply of all medicines that may be prescribed by the medical attandants or specialists, free of cost.

(*e*) Provision for treatment of dental, ophthalmic and ear, nose and throat diseases by specialists, including refraction.

(*f*) Hospitalization and specialist treatment in special hospitals outside Delhi for cases of tuberculosis, cancer and poliomyelitis and mental diseases involving repayment of travelling expenses besides hospital charges.

(*g*) Supply of optical and dental aids at reasonable scheduled rates by the Government approved opticians and dentists.

(*h*) Advice on family planning including supply of free and subsidised contraceptives.

3. The present set up comprises the following—

(*a*) *Basic Services*—

(*i*) 39 static dispensaries in various parts of Delhi and New Delhi area. Each dispensary has generally the following staff—

Medical Officers	3
Lady Medical Officer	1
Compounders	4
Clerks	2
Dressers	2
Female Attendant	1
Nursing Orderly	1
Peons	2
Sweepers	2
Chowkidar	1

On an average each dispensary is allocated about 2,000 to 2,500 families comprising a population of about 10,000.

(*ii*) Three mobile dispensaries. These cover localities in outlying areas not within easy reach of the static dispensaries and each has following staff—

Medical Officer	1
Compounder	1
Dresser	1
Van driver	1

(*b*) *Specialists' Services* --

There is a specialist wing provided in each of the Willingdon and Safdarjang Hospitals exclusively for the Contributory Health Service Scheme patients. The two wings provide facilities for specialities such as medical, surgical, paediatrics, ear, nose and throat, gynaecology and obstetrics, psychiatry, dental and ophthalmic. Dermatology depratment is, however, only located in Willingdon Hospital. Specialists services can be availed on a reference from the medical officer of the dispensary, attending the particular patient. Persons drawing a salary of Rs. 800 and above are eligible for direct consultation with the Specialists. The medicines preseribed, however, are issued from their respective dispensaries. The total number of medical and para-medical personnel on the strength of the Contributory Health Service Scheme is—

Serial No. 1	Name of post 2	No. of posts 3
1.	Medical Superintendent and Surgical Consultant, Safdarjang Hospital	1
2.	Consultant in Medicine	1
3.	Senior Staff Surgeon (Surgeon)	1
4.	Senior Staff Surgeon (Obstetrics and Gynaecology)	1
5.	Staff Surgeon (Physician)	2
6.	Staff Surgeon (Surgeon)	1
7.	Lady Staff Surgeons (Obstetrics and Gynaecology)	2
8.	Staff Surgeon (Eye)	2
9.	Staff Surgeon (Ear, Nose and Throat)	2
10.	Staff Surgeon (Dental)	1
11.	Staff Surgeon (Dermatology)	1
12.	Staff Surgeon (Psychiatry)	1
13.	Staff Surgeon (Paediatrics)	1
14.	Junior Staff Surgeon (E.N.T.)	2
15.	Junior Staff Surgeon (Physician)	5
16.	Junior Staff Surgeon (Eye)	2
17.	Junior Staff Surgeon (Surgeon)	4
18.	Junior Staff Surgeon (Women)	2
19.	Junior Staff Surgeon (Dental)	2
20.	Dental Assistant Surgeon	2
	Total	36
21.	Assistant Surgeon, Grade I (Males)	149
22.	Assistant Surgeon, Grade I (Females)	54
	Total	203
	Grand Total	239

Para-medical Staff—

(1) Compounders	164
(2) Lower Division Clerks	98
(3) Dressers	103
(4) Female Attendants	48
(5) Nurses	21
(6) Peons	110
(7) Chowkidars	53
(8) Sweepers	93
Total	690

(*c*) *Laboratory and Radiological Services—*

At present Contributory Health Service Scheme avails of the laboratory and radiological services provided in the Willingdon and Safdarjang Hospitals, where all pathological materials such as blood, sputum, urine, stool etc. are examined. However for Deep X-ray therapy patients have to be referred to the Irwin Hospital. These facilities can be availed only on a reference from a medical officer of a dispensary or a Specialist.

(*d*) *Hospitalization—*

The patients requiring hospitalization are referred to the Safdarjang and Willingdon Hospitals by the medical officers of dispensaries or the Contributory Health Service Scheme Specialists. For general surgery on female patients, and obstetrical gynaecological services arrangements have been made in the Lady Hardinge Medical College and Hospital.

(*e*) For maternity services the following arrangements exist—

(*i*) *For Domiciliary Midwifery—*

Arrangements for these services are provided through the maternity and child welfare centres of the New Delhi Municipal Committee and Municipal Corporation, Delhi. Cases are booked at these centres and the municipal dais are called to conduct the confinements at home.

(*ii*) *For Institutional Midwifery—*

(1) Willingdon Hospital and Nursing Home—Only those getting above Rs. 500 p.m.

(2) Lady Hardinge Medical College and Hospital.

(3) St. Stephen's Hospital, Delhi.

(4) Mrs. Girdhari Lal Maternity Hospital, New Delhi.

(5) Holy Family Hospital—for cases upto Rs. 500 only and residing in Lajpat Nagar area.

(6) Victoria Zanana Hospital.
(7) Patel Nagar Hospital, New Delhi.
(8) Moti Nagar Hospital, New Delhi.
(9) Tilak Nagar Hospital, New Delhi.
(10) Lying in wards of the New Delhi Municipal Committee.

Out of the above no charges are payable in the first two but with regard to the other the Scheme makes disbursement according to an agreed rate of payment. In all the above hospitals beneficiaries have to take their turn for a bed along with other general patients. Emergency cases are, however, admitted immediately.

(*f*) *Special Diseases*—

Tuberculosis —In case of tubercular patients of the lungs both indoor and outdoor treatment is carried out under the advice of Director, New Delhi Tuberculosis Centre. For inpatient treatment the Scheme has provided admission facilities at the following institutions—

(1) Silver Jubilee T.B. Hospital, Delhi.
(2) Tuberculosis Hospital, Mehrauli.
(3) Madar Union Sanatorium, Madar.
(4) Lady Linlithgow Sanatorium, Kasauli.
(5) King Edward Sanatorium, Dharampore.

All payments for treatment and hospitalization are borne by the Contributory Health Service Scheme and paid directly to the hospital authorities according to an agreed scale of payment.

Special arrangements are made with the Irwin Hospital and Lady Hardinge Medical College and Hospital for treatment of cancer with deep X-ray and radium. If the Specialists in these institutions so recommend the patients are referred to Tata Memorial Hospital, Bombay, for surgery or other special treatment.

Mental cases are referred to Mental Hospital, Ranchi while for Neuro-Surgery, patients are referred to the Surgical Centre at Madras. In all these cases reimbursement of medical expenses are permitted and travelling expenses are also borne by the Scheme both for the patient and one attendant if the latter is considered necessry by the specialist.

Polio cases are treated at Irwin Hospital, Safdarjang Hospital and Lady Hardinge Medical College and Hospital.

In case of patients getting upto Rs. 180 the diet is also free except that for T.B. patients this limit is Rs. 300.

(*g*) *Family Planning Services*—

The Scheme is running at present eleven Family Planning Centres which are working in association with the Contributory Health Service Scheme Dispensaries. Besides giving advice and guidance to married couples the clinics also

provide preventive appliances free or at subsidised rates according to the income of the patients. The services are rendered both to Contributory Health Service Scheme and non-Contributory Health Service Scheme patients. Family Planning Centres are also running 18 Well-Baby Clinics located in different dispensaries. The staff at present working at the Family Planning Clinics is as follows—

(1) Lady Medical Officers	12
(2) Medico Social Workers	26
(3) Public Health Nurses	2
(4) Lady Health Visitors	13
(5) Clerks	7
(6) Female Attendants	13

The Family Planning staff also organises mothers' clubs, free distribution of milk and other health education activities.

(*h*) *Health Clinic*—

A Health Clinic has been functioning since 1959 to afford facilities for routine check-up of the employees so as to detect any morbidity in its early stages. The clinic provides check-up and routine laboratory tests. For X-ray examinations, electro-cardiogram and other specialised diagnostic techniques, the beneficiaries are directed to the Willingdon Hospital. The staff of the Check-up Clinic comprises the following—

(1) Male Doctor	2
(2) Lady Doctor	1
(3) Non-resident Nurse	1
(4) Laboratory Assistant	1
(5) Compounders	2
(6) Clerk	1

(*i*) *Medical Stores*—

The Scheme provides a Medical Stores Depot for maintaining adequate stocks of medical and other supplies for distribution among dispensaries. It is at present located in two barracks on the Curzon Road (Ground floor) and has a total floor area of 5,268 square feet. The Depot has the following staff—

(1) Assistant Director (Stores)	1
(2) Stores Manager	1
(3) Stores Superintendent	1
(4) Selection Grade Clerks	2
(5) Lower Division Clerks	13 +4*
(6) Pharmacist-cum-Clerks	5
(7) Packers	13
(8) Sweepers	3
(9) Peons	2
(10) Carpenter	1
(11) Chowkidars	6
(12) Drivers	5

*Accounts Department (Medical Stores Depot).

CHAPTER THREE

How the C.H.S. Scheme Functions

Administration

The administrative set up of the Contributory Health Service Scheme consists of—

(1) Director (C.H.S.).

(2) Assistant Director General (C.H.S.).

(3) Deputy Director Administration (C.H.S.).

(4) Accounts Officer.

(5) Medical Statistician.

(6) Section Officers—six.

The office is divided into five Sections for carrying out day to day administration. A statement showing the distribution of staff and broad functions in different sections is enclosed as Appendix V. The office is a part of the office of the Director General of Health Services and the Director (C.H.S.), though head of the Scheme has no independent status and exercises powers delegated to him by the Director General of Health Services. All matters requiring Government's sanction are submitted to the Ministry of Health through the Director General of Health Services.

2. All the expenditure on medical and auxiliary staff (except that of Contributory Health Service Scheme Administrative Unit) is debitable to the Contributory Health Service budget.

3. Director, Contributory Health Service Scheme, is responsible for the proper functioning of the entire Scheme and has the assistance of an Assistant Director General and a Deputy Director Administration for both field supervision and office administration. The Medical Statistician carries out a continuous study of weekly and monthly attendances, morbidity phenomenon and of the performance of the staff of different categories. This keeps the administration posted with the trend of morbidity and work load of staff. Apart from this, statistical section carries out special surveys from time to time such as waiting time of patients, taking of gallup poll among the beneficiaries, etc.

4. A survey of morbidity has been taken up among the beneficiaries through the project sponsored by the Indian Council of Medical Research, with the object of obtaining a picture of the disease pattern of the community in relation to the Socio-Economic Conditions. As a part of the survey a study of the growth of infants and toddlers is also being undertaken in a few "well-baby clinics" with a view to collecting a complete record of the health conditions, development and sickness of nearly 1500 babies and to follow them up for one year.

Registration

5. As soon as an individual becomes eligible for Contributory Health Service Scheme benefits, he has to fill up an Index Card in quadruplicate indicating the details about his family and present residence. He has to present this to his Section Officer who after scrutiny retains one copy and forwards the remaining three copies to the Office. On the basis of this information the Section Officer issues an Identity Card to the employee (which has a printed serial number) after entering names of eligible members of the family. The Identity Card has to be shown at the dispensary before the employee can get any medical benefits.

6. The information given in the index card is copied in the Contributory Health Service Scheme Office in two different registers *viz.*, one Ministry-wise and the other Dispensary-wise. Two of the index cards are maintained in the Office almirahs, pertaining to the particular Ministry and dispensary respectively. The fourth card is sent for record to the dispensary to which the employee is attached where it is kept in the card almirah according to its serial number. The card provides complete information to the medical officers regarding the employee and his family.

Working of the Dispensaries

7. Working hours of the Dispensaries are as follows—

Winter	8 A.M.	to	11·30 A.M.
	5 P.M.	to	7·30 P.M.
Summer	7 A.M.	to	11·00 A.M.
	5·30 P.M.	to	7·30 P.M.

Tilak Nagar dispensary functions continuously from 8 A.M. to 8 P.M.

8. Every patient attending the dispensary has to bring his Identity Card and first goes to the registration clerk from where he obtains a token number for the doctor of his own choice. The token number is taken before the room of the medical officer concerned where the patient takes his place in the queue according to his token number. He then goes to the medical officer on his turn, where he is examined by the doctor and is given necessary prescription on an out-patient ticket. He then stands in the queue before the Registration window to get his prescription entered in the Out Patients' Register. To reduce the waiting period two registers are maintained one for the old and the other for the new patients. In the case of new patients the medicines prescribed are also entered in the register, whereas for the old patients only the token number and serial number are noted and the prescription is handed back to the patient. The old and new patients, therefore, stand in two different queues. After this the patient goes before the dispensary window or the dressing room as the case may be. A new patient thus has to stand in a queue at three different places. In case he needs both medicines as well as dressing he has to be in four queues.

9. In case of an old patient the procedure is slightly modified to cut short the waiting period so that he can go directly in front of the medical officer's room where he hands over the prescription to the peon who in turn presents the same to the medical officer for initials in token of permission to repeat the medicines. In this way the need of having to stand in a queue before the doctor's room is eliminated. If, however, the old patient wishes to consult the doctor personally he has to undergo the same procedure as for a new patient.

Medicines

10. The medicines, mixtures and tablets are usually dispensed from the dispensing window. There are, however, some preparations which are classed as "Special Medicines" comprising some proprietary drugs, tonics and vitamins and are delivered from a separate counter. In addition to these such medicines which are not included in the formulary of the Contributory Health Service Scheme but are prescribed by the Specialists, are obtained by special indents from the various chemists and are dispensed to the patients from this counter. The patient has to sign in a register in token of receipt of the same. Those who have also to receive medicines in this category may have to stand in as many as four different queues before they can receive all their requirements prescribed by the medical officers and Specialists.

Emergency Duties

11. For medical aid outside the usual dispensary hours on working days arrangements are made for emergency duties both during the day and night. For this purpose some neighbouring dispensaries are grouped together; while some others work independently according to their location. In this way the whole area is divided into 16 zones and different medical officers are allotted emergency duties by turn. For this a common roster is prepared before hand indicating the names of the doctors and other staff on day duty and night duty separately for different days. The medical officers on these duties remain at their residence and are available for domiciliary calls on any emergency. The addresses/telephone numbers of the doctors are prominently displayed on the notice board of each dispensary. So beneficiaries requiring services of medical officers outside the dispensary hours have first to go to their dispensary to find out the name, address and telephone number of the doctor on duty. The beneficiaries then contact the doctor personally or on telephone at the latter's residence.

12. As regards emergency duties on Sundays and other closed holidays a separate roster is maintained of the medical officers and other anciliary staff of the dispensaries grouped together for such emergency duties, before hand. The medical officers on emergency duty on these days have to remain in the premises of the functioning dispensary from 9 A. M. to 1 P.M. and at their residence upto 8·30 P.M. Besides medical officers, emergency duties are also allotted to anciliary staff i.e. one compounder, one dresser and one sweeper drawn from a pool roster as mentioned above, between 9 A.M. to 1 P.M. The compounder has, however, to stay on duty upto 7 P.M. The medical officer on night duty remains at his residence from 8·30 P.M. to 7 A.M. Lady doctors are exempted from night duty.

Post-graduate Training Programme

13. The training programme for the medical personnel was taken up in 1958 with a view to provide facilities for the medical officers to take up post-graudate studies and to become conversant with the advances in the different branches of medical science. So far, seven medical officers have been awarded fellowships ex-India, 12 have been given study leave and 12 ordinary leave to enable them to take up post-graduate courses. In addition, Assistant Surgeons are also afforded facilities for post-graduate studies while on duty by being attached to the Hospitals or by being transferred to the Hospital side.

Family Planning

14. Family Planning Services are at present being rendered through eleven centres. Each centre has on average the following staff :—

(1) Lady Medical Officer	1
(2) Medico-Social Workers	2
(3) Lady Health Visitor	1
(4) Female Attendant	1

15. These centres give advice to the marrried couples and supply contraceptives on the following rates—

(1) Free upto the income of Rs. 300 p.m.

(2) At half price from Rs. 300 to 500 p.m.

(3) At cost price above Rs. 500 p.m.

16. The Medico-Social Workers assist the Medical Officers at the Clinic and also carry out house to house visits for follow-up of the old cases, to establish new contacts and spread the message of family planning.

17. An idea of the actual extent of its operation may be made from the figures for 1960 given below :—

(1) Persons contacted	1,23,161
(2) Attendance at the Clinics	22,383
(3) Number of cases prescribed contraceptives	4,527
(4) Home visits :	
(*a*) New contacts	25,558
(*b*) Follow-up	14,139
(*c*) Cases referred for sterilization	411
(*d*) Value of contraceptives supplied	Rs. 20,710

18. There is a considerable time lag between reference of a case to a Hospital and the date allotted for vasectomy. The patients often change their mind due to this long waiting period. This is illustrated by the following—

Number of cases referred to Willingdon and Safdarjang Hospitals from Family Planning Clinics from January to June 1961	143
Actual number of operations done among the above persons	80

Dispensary Buildings

19. The Contributory Health Service Scheme Dispensaries are at present located in the following type of buildings—

D-I' Type Flats	Telegraph Lane.
D-II' Type Flats	Pandara Road, Kidwai Nagar, Minto Road, Andrews Ganj and Chanakyapuri.
M.Ps. Flats	North Avenue and South Avenue.
'E' Type Flats	Lakshmibai Nagar, Netaji Nagar, Gole Market, Lodi Road-I, Timarpur and Paharganj.
'F' Type Flats	Lodi Road-II, Moti Bagh-II, Dev Nagar and Naoroji Nagar.
'G' Type Flats	Moti Bagh-I, Srinivaspuri, Sarojini Nagar-I, Sarojini Nagar-II and Sarojini Nagar Market.
'H' Type Flats	Kasturba Nagar.
Private Buildings acquired by Govt.	Pul Bangash, Darya Ganj and Pusa Road.
Leased private buildings	Chandni Chowk, Karol, Bagh, Patel Nagar I, Patel Nagar II, Moti Nagar, Tilak Nagar, Lajpat Nagar and Subzi mandi.
Other Government buildings	Constitution House, Cantonement, Central Secretariat and President's Estate.

20. In order to meet the accommodation problem the Government is taking action to build its own dispensaries in various localities. Thus the following buildings are, at present, under constructions—

(1) Pandara Road Dispensary.

(2) Lajpat Nagar Dispensary.

(3) Lakshmibai Nagar Dispensary.

(4) Srinivaspuri Dispensary.

21. In addition to that, administrative approval as well as expenditure sanction has already been issued for the following—

(1) Chandni Chowk Dispensary.

(2) Lodi Road Dispensary.

(3) Moti Bagh-I Dispensary.

22. Administrative approval has also been issued for Seva Nagar and Kidwai Nagar. In case of following localities, the proposal for sites and buildings are in planning stage—

(1) Moti Bagh-II Dispensary.

(2) Diplomatic Enclave Dispensary.

(3) Andrews Ganj Dispensary.

(4) North Avenue Dispensary.

(5) Sarojini Nagar Market Dispensary.

(6) Sites for four dispensaries in 1100 acre land on south of the Ring Road.

In this way the buildings construction of 15 dispensaries are now in hand in various stages.

Residential Accommodation

23. According to the present policy of the Government the number of residential units to be placed at the disposal of the Directorate General of Health Services are set at a maximum of 50% of the total strength of medical officers of dispensaries. The Specialists are excluded from this list. It has been decided that this limit of 50% is to be strictly enforced particularly in the case of central localities like Delhi Improvement Zone and Kaka Nagar areas and that the residential accommodation for doctors is to be made available in quarters contiguous to the dispensaries. It is also decided that the allotment shall be made in one category below the entitlement. In case accommodation in this class is not available in a particular locality, quarters of the entitled class can be allotted.

24. Under the above arrangements out of a total strength of 182 dispensary medical officers the Director of Estates has allotted 68 quarters. To these may be added 13 quarters located in the various acquired and leased dispensary buildings under the control of Contributory Health Service Scheme. This brings the total accommodation to 81. There is, therefore, still a shortage of ten quarters. These quarters constitute a special Contributory Health Service Scheme pool and the Director, Contributory Health Service Scheme is competent to make allotments.

25. No such percentage, however, has been fixed for Specialists and the allotment is made to them by the Director of Estates from the general pool.

26. As regards Class III and Class IV employees, the position is that out of a total of 286 Class III employees the number of quarters allotted are only 16. In case of Class IV also only 16 quarters have been allotted out of a total strength of 430 employees.

Medical Stores Depot

27. The Medical Stores Depot obtains its medical supplies in the following manner—

(*i*) Directorate General of Supplies and Disposals.	All-Non-Vocabulary Medical Stores including proprietary medicines, of the value above Rs. 10,000 per item.
(*ii*) Directorate General of Health Services Medical Stores Organisation.	This is for all Vocabulary Medical Stores items including sundries, dressings etc.
(*iii*) Local Purchase	(*a*) All Non-Vocabulary Medical Stores including proprietary medicines of the value below Rs. 10,000 per item.
	(*b*) All Vocabulary Medical Stores items below Rs. 10,000 in case of non-availability from Medical Stores Organisation of Directorate General of Health Services.
	(*c*) In case of delays in supply from Medical Stores Organisation, Directorate General of Health Services and Directorate General of upplies & Disposals.

(iv) The Authorised Chemists — This method is resorted to in case of special medicines which may be prescribed by the Specialists and which are not on the formulary of the Scheme and are not ordinarily stocked in the Medical Stores Depot or else which have run out of stock. These medicines are indented by the medical officers of Dispensaries from day to day as per Specialists' prescriptions, are subjected to scrutiny in the Medical Stores Depot and countersigned by the Assistant Director General and sent to the authorised chemist for supply to the respective dispensaries on the same day. Payment is made to the chemist on the basis of an agreement, which is renewable annually.

28. Each Dispensary receives the supply of stores of all items of drugs, sundries etc. once in six to seven weeks, from the Medical Stores Depot according to a pre-arranged programme. This supply is made on the basis of a regular indent received from the Dispensary which is first scrutinised by the Assistant Director (Stores). The supplies are sent to the Dispensary in one of the vehicles of the Depot, under the charge of a Store Clerk who hands over the same to the medical officer incharge of stores in the Dispensary and obtains a receipt. In addition to the above, the Depot has to supply no less than 15—20 emergent indents every day for medicines which have run short in the dispensaries. Very often several items out of these are in short supply in the stores and the demand can only be partly met. This results in repeated emergent indents, twice or even thrice a week causing enormous strain on the capacity of the Depot.

Utilisation of Services

29. The extent to which the above medical benefits have been availed of by the beneficiaries can well be visualised by the number of attendances in the various dispensaries from year to year as shown in the following statement—

Year	No. of Displays	Total attendance		Daily average attendance
		New	Old	
1954	16	2,30 898	5,06,674	4,504
1955	18	7,01,978	15,93,700	8,092
1956	19	9,03,395	20,58,870	10,332
1957	21	10,37,180	22,13,750	10,676
1958	26	12,08,571	25,06,410	12,342
1959	34	12,93,693	27,81,786	13,585
1960	38	15,53,213	31,90,755	15,708
1961 . . . . (Upto September).	39	13,29,341	26,80,345	17,900

30. During the rush season *i.e.* July and August the daily average attendance in certain weeks usually goes up to 23,000. During the current year the figures have even gone further and touched 25,000.

Health Clinic

31. A Check-up Clinic was started in August, 1959 with a view to afford facilities for the Government of India employees to get their health checked up periodically so that the morbidities may be detected before the diseases become pronounced. All Government employees irrespective of the status are eligible. The Clinic functions on all working days during office hours and is located outside the North Block. The Government employees have to apply on a prescribed form to the Medical Officer Incharge of the Check-up Clinic and appointment is given specifying date and time on which the beneficiary can appear. Facilities are only restricted to the employees themselves. A thorough medical check-up is given and facilities for the clinical laboratory examinations are also provided. Where the X-ray examinations are necessary the persons concerned are referred to the Willingdon or Safdarjang Hospitals. All the findings are recorded on a health card maintained for the purpose. In case any medical attention is considered necessary, reference is made to the Specialists and the Medical Officer of the Dispensary concerned. The Government servants who undergo these check-ups are also provided with medical reports giving the laboratory and other findings. A total of 5,750 employees have taken advantage of this Clinic so far.

Mass X-ray Programme

32. Mass X-ray programme was started towards the end of 1959 for detecting any tubercular infection among the employees. The actual operations are carried out by the staff of the New Delhi Tuberculosis Centre according to pre-planned date-wise programme laid out for the examination of staff of different Ministries/offices etc. through a mobile X-ray unit. So far 67,147 persons have been examined. Reports of 43,317 persons, which have been analysed uptil now show the following—

(1) Persons found suffering from active or possibly active pulmonary tuberculosis	487 or 1·1%
(2) Persons found having inactive tubercular lesion put under observation . .	1,272 or 2·9%
(3) Persons found suffering from non-tubercular chest conditions . . .	218 or 0·5%

Mass Immunization

33. All Family Planning Medical Officers have been entrusted with the task of carrying out immunization programme against diphtheria, pertussis and tetanus among the beneficiaries. The programme is continued throughout the year and each patient is given three injections at monthly intervals.

Yogic Exercises

34. The Contributory Health Service Scheme has also started seven centres for Yogic Exercises for promotion of health. The classes are conducted by the instructors lent by the Bharat Sevak Samaj.

Advisory Committee

35. Soon after the introduction of the Contributory Health Service Scheme in 1954 an Advisory Committee consisting of representatives of various categories of Government servants covered under the Scheme was set up by the Government of India under the Chairmanship of the Secretary, Ministry of Health. This was done with the two fold object of providing a forum for the Government servants to apprise the authorities of any difficulties which beneficiaries may experience and to present their view point in the formulation of policies for the functioning of the Scheme. The Committee has so far held 23 meetings, which are now presided over by the Director General of Health Services. The present membership of the Committee comprises the following—

1. Director General of Health Services—*Chairman.*
2. Deputy Financial Adviser (Health).
3. Deputy Secretary, Ministry of Commerce and Industry.
4. Director of Estates.
5. Superintendent Engineer, Second Circle, Central Public Works Department.
6. Under Secretary, Ministry of Finance.
7. Representative of the Central Secretariat Association.
8. Representative of the Central Secretariat Grade II Association.
9. Representative of the Attached and Subordinate Offices Association.
10. Representative of the III Division Clerks Association.
11. Representative of the Stenographers' Association.
12. Representative of the Delhi Circle Coordinating Committee Posts and Telegraphs Employees.
13. Representative of the Armed Forces, Headquarters' Association.
14. Representative of the Civil Aviation Department Employees Union.
15. Representative of Record Sorters & Daftries Association.
16. Representative of Class IV employees (Peons and Jemadars) Association.
17. Representative of Ministry of Railways.

CHAPTER FOUR

Assessment of Work

It has been made abundantly clear to the Committee by the mass of evidence produced that the attendance has rapidly increased from year to year since the inception of the Scheme. The Committee has also been informed that a large number of Quasi-Government Organisations and autonomous bodies like the New Delhi Municipal Committee, State Trading Corporation of India, Delhi University, Delhi Development Authority, etc. have applied for inclusion in the Scheme. There is little doubt that the Scheme is very extensively used by the beneficiaries and has earned a very good name for itself. It has extended the scope of benefits by including the dependent parents and has helped the people particularly the lower grades of services to a very considerable extent by providing immediate and effective medical treatment and care at all levels namely out patient department, specialists and hospitalization.

2. One of the common complaints mentioned by the beneficiaries was that the attending physician did not show such sympathy and human consideration as should be expected of him. The witnesses including doctors and representatives of Junior and Senior Staff Councils and others, almost all were unanimous in stating that the present strength of dispensary staff was inadequate compared to the work load that they had to handle. We feel that this is largely due to the shortage of staff and the inability of doctors to cope with the existing load of work. The representatives of the medical officers also subscribed to this view and stated that it cannot be imagined that a medical officer who has to go through as many as 150 patients during the course of six hours a day can at all times show the due courtesy particularly when he has also to attend to domiciliary calls during the dispensary hours. Our own observations during the dispensary visits also corroborate the view that the present day patient load in dispensaries is such as can scarcely be conducive to either careful examination of the patient or establishing a more congenial doctor-patient relationship. It has been stated that patient load per medical officer has been reduced from 136·8 in 1955 to 118 in 1960. We have it on authority from the Director, Contributory Health Service Scheme, that it is proposed to reduce patient load further to 75 patients per medical officer per day. During the months of rush such as in August and September this year the proportion has however shot up much higher and is estimated at 157 per doctor per day.

Time taken in the Dispensaries

3. A large number of witnesses complained about the prolonged waiting at the dispensaries. A statistical enquiry conducted by the Contributory

Health Service Scheme for ascertaining the time taken by the patient at different stages elicited the following information during February and October, 1960—

Stages	Period (in minutes)			Percentage of the total		Average No. of patients per doctor
	New cases	Old cases	Overall average			
(*i*) Average interval between issue of ticket token and being called by the medical officer for examination .	21·67 (9·40)	21·89 (9·80)	21·81 (9·61)	55·16 (37·09)	October February	
(*ii*) Average time taken by the medical officer for examination .	3·71 (3·66)	2·97 (2·84)	3·24 (3·09)	8·19 (11·85)	October February	
(*iii*) Average interval between examination by the doctor and registration . . .	5·04 (4·07)	4·56 (4·06)	4·73 (4·06)	11·96 (15·58)	October February	
(*iv*) Average interval between registration and collection of medicines/ completion of dressing	9·78 (9·92)	9·73 (8·94)	9·76 (9·25)	24·69 (35·48)	October February	
Total period of waiting .	40·20 (27·05)	39·15 (25·64)	39·54 (26·07)			138 Oct. (107) Feb.

NOTE—Figures shown within brackets are for the enquiry conducted during February, 1960.

Average period of waiting in the Contributory Health Service Scheme Dispensaries during October is found to be 39·54 minutes as against 26·07 minutes during February. The only stage where the period of waiting has registered a steep rise during October is in the waiting for consultation with doctor for examination. This is due to an increase in the average number of patients per medical officer from 107 in February to 138 in October. Thus the period of waiting before the medical officers is directly correlated to patient load per medical officer.

4. The normal complement of the compounders in a dispensary is four. The Committee has, however, during the inspection rounds usually seen only three compounders working at a time. This is because the fourth compounder is incharge of the medical stores, preparation of indents and issue of special medicines. The Committee feels that if four compounders are working in the dispensing room the period of waiting at this stage should be reduced.

These compounders should not be entrusted with any other function during the rush hours of dispensary to make sure that the waiting period in front of the dispensing counter is reduced to a minimum. The system of two compounders working on the male window and two on the ladies window are considered quite adequate.

Overcrowding

5. Representatives of the Senior and Junior Staff Councils also complained about the overcrowding in the dispensaries. Very often a small consultation room has to be shared by two doctors due to paucity of accommodation. This naturally causes overcrowding both inside and outside the doctors' room. This coupled with prolonged waiting is a source of irritation to the patients and is scarcely conducive to any congenial doctor-patient relationship. The space for waiting in the dispensaries is generally inadequate and the seating accommodation for which a few benches are provided is meagre. Waiting space is provided in a number of dispensaries by constructing sheds of Asbestos Cement Sheet roofing which become very hot during the summer months. The Committee was happy to find arrangements for electric water coolers although some were found to be out of order. The enquiries, however, showed that steps were being taken for carrying out the repairs.

6. The Committee learnt that in case of leased buildings the chief difficulty in providing suitable accommodation was due to the inability of the Directorate of Estates to take on hire buildings of suitable type and size because of high rents. It may, however, be mentioned that in view of our recommendations for increasing the number of the dispensary personnel it would be imperative to provide commodious accommodation for the dispensaries.

The Committee feels that the accommodation in almost all the dispensaries at present, is totally inadequate. It lacks in providing minimum facilities such as waiting halls, separate consultation room for each doctor, common room, emergency duty room and proper rooms for dispensing, dressing and laboratory facilities.

Home Visits

7. The representatives of the Staff Councils complained that the medical officers were somewhat reluctant to pay home visits, particularly at night time. On the other hand medical officers were unanimous in expressing that a considerable amount of their time was spent every day on domiciliary visits and many of such visits were not justified. Some witnesses even went to the extent of saying that such domiciliary visits were sometimes deliberately demanded by the patients to avoid their standing in the queue in the dispensary. The Committee is aware of the difficulty which patients' relations have in deciding whether the case is really urgent or otherwise and is of the opinion that some broad checks may be introduced in order to discourage the beneficiaries from making indiscriminate calls. It may be of interest to mention

here that the extent of domiciliary calls varies from place to place as is evident from the following table—

Name of the Dispensary	Average number of visits per doctor per month during the year 1960
Chanakyapuri	136
Pandara Road	106
South Avenue	70
Constitution House	58·8
Karol Bagh	57·7
Moti Bagh-II	54·6
North Avenue	52·5
Lodhi Road-I	48·8
Dev Nagar	48·6
Lodhi Road-II	47·9
Sarojini Nagar-I	42·9
Subzimandi	24·3
Chandni Chowk	24
Pul Bangash	20·3

From the above it appears that the localities where predominantly upper class Government employees reside show the largest number of domiciliary visits. This supports the contention that high placed Government employees are in the habit of asking for domiciliary visits even in cases of common ailments. One of the suggestions made in this connection was to levy a small charge for a domiciliary visit.

Night Duties

8. Medical Officers of the dispensaries have most vehemently complained against the present system of night duties without any relief on the following morning. It was represented that those on night duty had to work continuously from 5 O'clock the previous evening to 11 O'clock the following day, *i.e.*, for a continuous period of 18 hours. They also stated that it is not the actual number of night calls but the frequency of disturbances at night which mattered. The Committee feels that there is a case for giving some relief to doctors on night duty.

Supply of Medicines

9. There was a strong criticism against the practice of dividing the medicines into ordinary and specialist categories. Most of the representatives of Government employees and also the medical officers of the dispensaries objected to this practice although for different reasons. The medical officers observed that they were fully qualified and competent to handle all specialist medicines. The Staff Council's representatives on the other hand complained that the beneficiaries had to undergo unnecessary trouble to visit the specialists merely

because it was considered that a special medicine was indicated and that this difficulty could be avoided if the dispensary doctors were also authorised to prescribe the same. It was also represented that issue of special medicines involved good deal of delay because it had to be obtained on a special indent from the Medical Stores Depot and this process itself took anything from 12 hours to 2-3 days or sometimes even longer. It was emphasised that this aspect more than anything else caused annoyance to the patients because it involved delay in starting the treatment. On the other hand such experienced administrators as the Director, Contributory Health Service Scheme and Superintendents of the Safdarjang and Willingdon Hospitals and Colonel M.S. Rao, were of the view that a certain check was necessary regarding the use of special medicines, both in view of clinical and financial implications. It was also pointed out that the previous experience showed that whenever a special medicine was transferred to the general list its consumption increased by 200 to 300 per cent and that indicated unmistakably that an effective check was necessary.

A suggestion was made that delay in the issue of special medicines could be minimised by keeping adequate stocks in all dispensaries. This would of course involve a correct assessment of the requirements of the different special medicines for each dispensary and the stocking of the same at regular intervals from the Medical Stores Depot. This would also entail provision for more storage space in the dispensaries. The appointment of a special store-keeper for each dispensary would also materially assist in keeping a continual check on the rate of consumption of the medicines so that stocks are replenished before they are depleted.

10. There has been a general impression among the beneficiaries that the Contributory Health Service Scheme does not provide expensive medicines and generally doles out only cheap substitutes. We have gone through the formulary of the Contributory Health Service Scheme and we do not find any reason to believe so. During our inspection rounds also we, at random, studied the prescriptions of the patients of all grades of service and we failed to find any reason to suspect that there was any discrimination in the prescribing of medicines. The genesis of this impression appears to be that some specialists are in the habit of prescribing out of the list medicines which have to be obtained on local purchase and for which it takes a longer duration. In some cases the prescriptions written by external physicians are presented before the dispensaries and the patients insist on their being dispensed. This, of course, is not possible.

11. The present system does not restrict the choice of the consultants and specialists with regard to the medicines. In case of any prescriptions containing items outside the Contributory Health Service Scheme formulary, the medical officers have to prepare special indents for local purchase which is then supplied by the local chemists on receiving the approval of the Director, Contributory Health Service Scheme or Assistant Director General (Contributory Health Service Scheme). This procedure though a little dilatory is considered essential to keep in check the tendency of prescribing medicines outside the formulary. This also keeps the Directorate in touch with the

current tendency of the Specialists to prescribe any particular brand of medicines with a view to considering the advisability of its inclusion in the revised lists. The Committee agrees with the views of the Director, Contributory Health Service Scheme, that the names of proprietary medicines should be gradually deleted from the formulary.

At present there is a tendency to continue tonics and vitamins for long periods. It was suggested during the evidence that these should not be supplied except to Class III and IV employees.

Laboratory and X-ray Examinations

12. Patients requiring laboratory and X-ray investigations are referred to the Willingdon and Safdarjang Hospitals. There has been a large number of complaints both from the employees as well as the medical officers, regarding the inconvenience to patients in going to these hospitals from far off localities and the delays in getting the results. It was stated that it takes at least a week for any report to reach the dispensary of the patient concerned. Difficulties in regard to the X-ray are even greater. The desirability of providing clinical laboratory and X-ray facilities nearer the dispensaries cannot be overemphasised. These would not only reduce the inconvenience to the patients but will also be of a great assistance to the medical officers in arriving at an early diagnosis. The number of specimens for laboratory diagnosis sent to the two hospitals comes to about 10,000 per month. The Superintendents of both the hospitals stated that they would be glad if this work could be taken away from the hospital laboratories. They suggested the opening of regional laboratories in connection with the different Contributory Health Service Scheme dispensaries. Each such laboratory may serve a group of three or four dispensaries of the neighbourhood. The Committee understands that the Director, Contributory Health Service Scheme, has already taken initiative in the matter and has sent a proposal for opening four regional laboratories during the current year in Darya Ganj, Pusa Road, Lodi Road and Andrews Ganj covering 18 dispensaries. This is a step in the right direction.

13. It was noticed during the visits that no arrangements exist for the supply of sterilized dressings. The medical officers also represented that they felt great inconvenience in carrying out dressings after an aseptic surgical operation. Provision of sterilised dressing material is a necessity in every dispensary and it was suggested that an autoclave for sterilisation should also be added to the normal equipment of the regional laboratory project, so that all surgical dressings could be sent to the regional centre for sterilisation from the group of dispensaries covered by it.

Specialists Services

14. All categories of Specialists are attached to the Contributory Health Service Scheme Wings of Willingdon and Safdarjang Hospitals. The Junior Specialists are also required to visit different dispensaries according to a fixed programme to assist the medical officers in the diagnosis and treatment of such cases as may be referred to them.

The Specialists are also required to pay domiciliary visits. The Committee was informed that the entitled beneficiaries very often ask for their services for domiciliary visits even for minor ailments. It was represented that this wasted a great deal of their time which could be much better utilised in examining serious cases. It was stated that persons drawing above Rs. 800 per month do not generally go to the dispensaries as they know that they can requisition the services of Specialists at home. The Committee has considered this problem and is in agreement with the general principle that the importance of a patient should not be determined by his salary but by the gravity of the disease. The Committee was informed that there had been previously some proposals to curtail the extent of the privilege of direct consultation with the Specialists. Similar proposals were also made even in the Contributory Health Service Scheme Advisory Committee. The privileged class employees have always been entitled to direct consultation with the Civil Surgeon. Originally officers drawing Rs. 500 per month and above and also officers of the Class I, irrespective of their pay, were entitled to direct consultation with the Civil Surgeon. With the introduction of Coutributory Health Service Scheme, this limit was raised to Rs. 800. It was generally felt that such discrimination should be eliminated. All patients should be referred to the Specialists by the medical officers of dispensaries, the latter being ultimately responsible for their treatment. Reference to Specialists should be only for technical advice on diagnosis and line of treatment. This proposal coupled with suggestion of appointing senior medical officers on regional basis, subsequently mentioned, would eliminate the present day crowding up of patients before the Specialists and would facilitate more prompt and efficient consultation. Some doubt was expressed that the Specialists would loose touch with the indoor hospital treatment, if they were posted on regional basis. This can be avoided by allotting each Specialist a suitable number of beds.

15. There was a concensus of opinion among all the medical officers including specialists and Consultants that it would be a good plan to provide Poly-Clinics in different areas of the Scheme. This would take away the present heavy load from the Contributory Health Service Scheme Specialists both in the Safdarjang and Willingdon Hospitals. Opinion was also expressed that these regional services must provide for X-ray and ambulance services. It was stated that at present the beneficiaries are in the habit of getting X-rays taken in more than one place. This leads to a considerable amount of wastage of time and material.

16. There is at present considerable time lag between referring a case for Specialist consultation and the actual date allotted for the same. In the Contributory Health Service Wing of the Safdarjang Hospital it takes no less than three weeks to get an appointment for the Ear, Nose and Throat Department. This long waiting period also results in driving the patients to consult private practitioners and is the main cause of their failure to keep the appointment with the consultants. It was pointed out that in Ophthalmic Department a case of refraction takes as many as six months for getting a prescription for glasses. It was emphasised by the Ophthalmic Surgeons that the only way to get over this difficulty was to appoint qualified refractionists who would

be able to dispose of the refraction cases which form about 20 per cent. of the total eye patients. We were informed that such a project has already been initiated.

17. The Committee gave considerable thought to the relative advantages of fixing up particular days of the week for specialist consultation of patients from different dispensaries on the one hand, and of the practice of giving date and time for consultation to individual cases on the other. It is felt that the consultation by appointment is always better as it makes a patient feel secure about his eligibility to medical consultation on a definite date. Urgent cases will, however, require immediate attention without previous appointment. The opening of a number of Poly-Clinics, will. it is felt, materially reduce the period of waiting and minimise other difficulties mentioned above.

Hospitalization

18. The Committee has had a long discussion with the Superintendents of the two Hospitals as well as Specialists and the medical officers regarding hospital facilities. The concensus of opinion of beneficiaries and medical officers was that the Scheme should have its own hospitals. It was mentioned that under the present arrangements it took anything from three to six months and perhaps even longer for cold surgical cases to get a date for an operation. This has a depressing effect on the employees and other beneficiaries and causes dissatisfaction.

Similarly, Ophthalmic Surgeons of the Scheme get two days a week in the hospital for operative work. This means a long waiting period for cataract and other aseptic operations. Last year no less than 200 cataract patients failed to get admission. It was felt that if Contributory Health Service Scheme provided its own exclusive hospitals all these difficulties would be obviated. It would also enable Contributory Health Service Scheme medical officers and specialists to develop and maintain interest in the patient both in the out patient department and in the wards. At present only a few Junior Staff Surgeons have beds in the hospitals and sooner this anomaly is removed the better.

Maternity Services

19. Arrangements for institutional and domiciliary midwifery have been narrated previously. The Committee was apprised of the difficulty at present experienced by a large number of beneficiaries on account of difficulty in getting reservations in the hospitals for confinement. Difficulties have also come to notice about the long distance which the beneficiaries have to travel to the approved hospitals such as Lady Hardinge and Victoria Zanana. These difficulties have been most noticeable in the new colonies located in the south and also in the Patel Nagar, Moti Nagar and Tilak Nagar colonies. This is particularly so as the small Corporation Hospitals such as Patel Nagar, Moti Nagar etc. have only got 8 bedded wards and so the reservations are very difficult. We were informed that after the new maternity ward comes up in the Safdarjang Hospital there will be no difficulty for reservation of maternity beds so far as the beneficiaries of the southern colonies are concerned. While this may be so, there will still remain extensive peripheral areas like

Patel Nagar, Moti Nagar, Timarpur, Subzimandi and even Karol Bagh, where this difficulty will continue. The following statement indicates the number of maternity cases which were actually referred to the various hospitals by the Contributory Health Service Scheme Dispensaries and the cases who could avail of the lying in accommodation—

Year	Number of cases referred	Number of cases who actually availed of the services
January to December, 1960	8,008	7,068
January to September, 1961	6,534	3,805

This shows that the number of cases which are not able to avail of facilities provided by the Scheme is still very large. It may be pointed out that the above figures also include the domiciliary midwifery cases conducted by the staff of the Corporation and Municipal Child Welfare Centres. Thus the patients who are not able to get any hospital accommodation are really very large. The Committee, therefore, feels the urgency of making additional arrangements for institutional midwifery. It was brought to our notice that some efforts were made to associate other hospitals for employees of the lower income groups on modest rates.

Medical Stores Depot

20. A brief outline of the working of the Depot has already been given earlier and mention has been made of the heavy strain under which it is functioning due to a large number say 15—20 emergent indents daily, which have to be supplied to the dispensaries in addition to the regular supplies made once every six—seven weeks according to a fixed schedule. The daily out turn of work is at present far too heavy for the existing staff and space allotted to the Depot.

Over and above this, are the local purchase indents, which pour in every day for listed and non-listed medicines from practically all the dispensaries. These consume considerable time of the staff in checking to score out any time, which may be available for supply in the Depot.

The above difficulties and special indenting is due to the chronic shortage of the stores. The procedure which is followed at present by the Directorate General of Supplies and Disposals appears to be such as to take much longer time than the need of the dispensaries permit. This is evident from the indent for the year 1960-61, which was placed with the Directorate General of Supplies and Disposals in January, 1960, and was fully complied with only after a period of 19 months. As the date of supply by the Directorate General of Supplies and Disposals is always very uncertain, it is difficult to estimate full requirements of the items required to tide over the period till their receipt. This coupled with the anxiety to remain within budget allotments and the restrictions of the financial powers of the Director General of Health Services, only permits local purchase of inadequate quantities, which get consumed in no time and have to be ordered all over again.

21. All this throws very heavy strain on the Depot and also results in higher cost of purchase, irregular and deficient supplies of medicines and dissatisfaction both among medical officers and the beneficiaries. Inadequacy of space in the Medical Stores Depot interferes seriously with free movement of the workers and poor storage capacity of the various sections. There is, therefore, an urgent need for providing adequate and proper accommodation for storing the supply of medicines. In fact a special building for this purpose with proper lay out is considered very desirable.

Finances

22. The expenditure on Contributory Health Service Scheme according to the report of 1960 stood at Rs. 66,65,356 for a total of 1,06,000 employees or 4,49,000 beneficiaries. The cost per capita works out to Rs. 14·84 as against Rs. 2·76 per capita cost on medical expenses in Delhi State and Rs. 0·83 per capita cost for the country as stated in the latest report of Director General of Health Services on "Health Statistics of India" for the year 1955-56. Out of the above, the employees' contribution was Rs. 33,25,261. Thus the net expenditure incurred by the Government came to Rs. 33,40,095 or say an average of Rs. 31·51 per employee per year or Rs. 7·44 per beneficiary per year which is not an unreasonable figure keeping in view the comprehensive nature of the services rendered.

It may be relevant to recall that before the introduction of the Contributory Health Service Scheme the expenditure incurred by the Government on reimbursements to the employees under the Medical Attendance Rules was estimated approximately to Rs. 60 to 75 lakhs per year. Bearing in mind the largely extended nature of services now provided, the Committee is of the opinion that the expenditure incurred on the Scheme has been more than justified by the results achieved.

Comparison—Medical Attendance Rules and Contributory Health Service Scheme

23. It would be of interest to recapitulate as under, the scope and extent of the medical care facilities available to the Central Government servants under the Central Services (Medical Attendance) Rules, 1944 and those provided by the Contributory Health Service Scheme.

(*a*) *Consultation*

Under the Medical Attendance Rules employees were eligible for consultation by an authorised medical attendant. The total number of such medical officers in 1954 at the time of introduction of Contributory Health Service Scheme was 15—20 for the entire Delhi and New Delhi area. The entitlement to services of these medical attendants was determined by the salary of the employees *i.e.*

(*i*) Employees getting not less than Rs. 500 per month and those belonging to the Class I service were entitled to the services of a medical officer of the rank of a Civil Surgeon.

(*ii*) Employees getting salary between Rs. 150 per month and Rs. 499 per month were eligible to the services of Assistant Surgeon, Grade I.

(*iii*) Employees getting salary upto Rs. 149 were eligible to the services of Assistant Surgeon, Grade II.

Under the Contributory Health Service Scheme there is no such invidious distinction among beneficiaries for medical attendance and the lowest employee is eligible to take treatment from the medical officer of the same rank namely Assistant Surgeon, Grade I, and is further entitled to consultation by the Specialist. These facilities were denied under the Medical Attendance Rules.

Authorised medical attendants under the Medical Attendance Rules were medical officers working in different hospitals and dispensaries and the duties in relation to the consultation and treatment of the Government employees were in additon to their normal functions. They were also allowed private practice and were entitled to recover fees at a prescribed scale from the employees for consultation and injections. Fees so paid to the authorised medical attendants were reimbursed to the employees on the production of necessary certificate from the doctors concerned. In actual practice this system was a great handicap for the low paid employees who could ill-afford to incur the initial expenditure in availing of the facilities provided by the Government and for getting medical assistance at the right time.

Under the Contributory Health Service Scheme the total number of medical officers including the specialists who act as authorised medical attendants comes at present to 203. These medical officers are spread over as many as 39 dispensaries and two hospitals and are whole time employees of the Scheme, their services being entirely for the beneficiaries can be availed of far more easily. They are not entitled to any fees for consultation or injections, and the question of a patient having to incur any expenditure out of his own pocket for medical consultation does not arise.

(*b*) *Domiciliary Visits*

Under the Medical Attendance Rules medical consultation at home was normally permissible to Government servants belonging to Class I service and those getting more than Rs. 500 per month and above. Employees of other categories could only avail of this if the authorised medical attendant certified in writing that removal of the patient to a hospital was dangerous or injurious to the life of the patient. Even this was not permitted to Class IV employees. No facilities for home visits were provided for the families of the employees. Under the Contributory Health Service Scheme all employees are entitled to domiciliary visits by the dispensary doctor in case of illness requiring confinement at residence irrespective of status or scale of pay, without incurring any expenditure. Families of Government servants are also eligible to the same facilities.

(*c*) *Emergency Services*

Owing to the very small number of authorised medical attendants appointed under the Medical Attendance Rules these services were of a very sketchy nature. In actual practice the authorised medical attendants, being only part time, could not be expected to be available at all hours of the day and night. Under the Contributory Health Service Scheme, however, there is a medical officer always on emergency duty for a group of dispensaries throughout off dispensary hours both during day and night. Nearly 50 per cent of medical officers are provided residential quarters within the area of their duty. Facilities for attending to emergency cases are, therefore, far greater than were provided under the Medical Attendance Rules.

(*d*) *Specialist Services*

Under the Medical Attendance Rules the specialist services could only be availed of on a certificate from the authorised medical attendant if he considered such consultation necessary. This was also subject to the approval of Chief Administrative Medical Officer of the State concerned. Owing to the very small number of these specialists and difficulty of procedure involved, such services could not be easily availed of. Under the Contributory Health Service Scheme there are 36 specialists and all dispensary doctors are authorised to refer cases which in their opinion require specialist consultation. This has made specialist consultation far easier and within the reach of all cases requiring such advice. Consultation with the specialist is further facilitated as Junior Staff Surgeons attend specified dispensaries on fixed days of the week, where any cases from the particular group of dispensaries can obtain specialist consultation. This brings the specialist consultation more expeditious and nearer at home for the employees.

(*e*) *Issue of Medicines*

Under the Medical Attendance Rules all medicines prescribed by the authorised medical attendants or specialists not ordinarily available in the dispensaries or hospitals had to be purchased by the employees for which they were required to put in claims for reimbursement subsequently. No repayment was allowed in case of medicines called "inadmissible" even if prescribed by the authorised medical attendant or specialist. Under the Scheme all medicines prescribed by the dispensary doctors or specialists are supplied free of cost.

(*f*) *Hospitalisation*

Under the Medical Attendance Rules any expenditure incurred on hospitalisation had to be first met by the employee concerned. Under the Contributory Health Service Scheme all such bills from hospitals recognised by the Scheme are paid directly. Contributory Health Service Scheme also arranges for securing admission for patients suffering from special diseases *i.e.*, Tuberculosis, Cancer, Polio and Mental diseases, whereas under the Medical Attendance Rules patients had to make their own arrangements.

(*g*) *Family*

Under the Medical Attendance Rules the term 'Family' included wife or husband as the case may be, legitimate children and step-children residing with and wholly dependant on him. Under the Contributory Health Service Scheme the benefit has also been extended to parents mainly dependent and residing with the employee. Members of the family are also entitled to the same benefits as employees with regard to medical attendance at the dispensaries, domiciliary treatment and supply of medicines and hospitalisation (excepting indoor treatment in mental hospitals).

(*h*) *Ambulance Services*

Under the Medical Attendance Rules employees had to pay for the use of the ambulance. The Contributory Health Service Scheme, however, provides for ambulance services for the transport of such patients whom the dispensary medical officer considers necessary. The arrangements for ambulance are also made by the dispensary doctor in consultation with hospital authorities.

(*i*) *Dental Treatment*

Medical Attendance Rules did not include dental treatment as such, in its scope of benefits. Contributory Health Service Scheme provides not only dental treatment but also extractions and filling of the cavities etc. So far as the supply of dentures is concerned, the Contributory Health Service Scheme has appointed a panel of dentists from where the beneficiaries can obtain dentures on approved rates.

(*j*) *Opticians' Panel*

Under the Medical Attendance rules there were no facilities provided for the purchase of spectacles. The Contributory Health Service Scheme has a panel of opticians from whom the beneficiaries can purchase spectacles of various qualities on approved rates.

(*k*) *Health Clinic & Preventive Services*

There was no provision of a Health Clinic under the Medical Attendance Rules. This has been established under the Contributory Health Service Scheme with a view to provide a regular and periodical check-up of employees so that the morbidities could be detected before a disease becomes pronounced. A number of schemes for the promotion of positive health have also been taken up under the Contributory Health Service Scheme such as immunisation programmes, family planning centres and yogic classes. All these activities were outside the scope of Medical Attendance rules.

The facilities provided under the Contributory Health Service Scheme are thus much more comprehensive and easily available in comparison with those under the Medical Attendance Rules.

General Assessment

24. The Committee was afforded ample opportunities to make a comprehensive study of the way in which the Contributory Health Service Scheme has been functioning during the last seven years. The Committee also carefully scrutinised the documents and reports provided by the Contributory Health Service Scheme administration and the written and oral evidences given both by the beneficiaries and by important members of the different categories of staff employed in the Scheme. The Committee is fully convinced that the Scheme has more than justified its establishment. In spite of certain obvious drawbacks which are often inescapable in a novel venture of this nature, the Scheme has succeeded to a very large measure in providing satisfactory medical facilities to the beneficiaries. The Committee understands that the Scheme was started as a pilot venture. After very careful evaluation of the working of the Scheme, the Committee has come to the conclusion that the Scheme must not only be continued as a permanent measure but also be expanded to cover quasi-government organisations and corporations. The authorities should also consider the possibility of extending the Scheme in such a manner that it can be converted into a pattern of National Health Service covering the whole population of Delhi and New Delhi.

25. We wish to place on record our sincere appreciation of the very valuable work that is being performed by all categories of staff in the Contributory Health Service Scheme. The doctors in particular should be congratulated in having made the Scheme a success inspite of the many difficulties that confronted them.

CHAPTER FIVE

Recommendations

Dispensary Services

The Committee considers that the Dispensary service is the back bone of the Contributory Health Service Scheme Organisation. It is, therefore, essential that everything possible should be done to make this service as efficient and comprehensive as possible.

Accommodation

2. Because of the fact that many of the difficulties experienced in providing an efficient dispensary service are due to obvious lack of physical facilities, the Committee is of the opinion that the highest priority be given to the question of providing separate permanent buildings for all the dispensaries. At present practically all of them are located in residential premises which are quite unsuited for providing adequate dispensary service, inspite of the best efforts made by the authorities in making suitable alterations.

3. The new dispensary building should be planned in such a manner as to provide one consulting room separately for each doctor, two or three dressing rooms as the case may be, one sterilising room, an injection room, a dispensary with separate counters for men and women with a small attached store room, one clinical side-room for simple laboratory examinations, office for the doctor incharge, a registration room, one main waiting room in addition to waiting spaces in front of doctors' consulting rooms, dressing room, injection room and dispensary, two store rooms one for drugs and another for sundries, and adequate number of lavatories. Ordinarily, a dispensary should be planned only for five doctors. If additional load is to be catered for in any particular region, it will be advisable to have another small dispensary at a distance.

4. Since family planning constitutes an integral part of medical care, such of those dispensaries in which family planning units are located should provide for additional accommodation and other facilities for the purpose.

5. The Committee is of the view that all the dispensary staff should reside within the dispensary premises. For this purpose, residential quarters should be constructed either within the dispensary premises or in close proximity to it.

Staff

6. Overcrowding in all the Contributory Health Service Scheme dispensaries no doubt speaks for the popularity which these dispensaries have gained. At the same time it should be pointed out that the crowding of patients at any particular moment in any of the dispensaries is primarily due to the inability of the existing staff to cope with the situation. The only way by which overcrowding can be obviated is by increasing the number of doctors. One doctor at present sees about 120 cases a day on the average during six hours of duty.

During the peak period, the attendance per doctor per day rises even to 150. The Committee is of the view that a doctor should be made to see not more than 12 patients in an hour. This means he will be able to see only about 70 to 80 patients a day. As the average sickness incidence on the basis of dispensary attendance, old and new, works out to about 4 per cent, the Committee recommends that there should be at least one doctor for every 2,000 beneficiaries. As it is advisable to have one dispensary for every 10,000 beneficiaries, there should be five doctors working in such a dispensary. The staffing pattern for a dispensary catering to 10,000 beneficiaries will be as follows:—

Medical Officers (male)	3
Medical Officers (female)	2
Clerks	3
Nurses	2
Pharmacists	4
Medical Store Keeper	1
Laboratory technician	1
Dressers (male)	2
Dresser (female)	1
Nursing orderlies	2
Female attendants	2
Peons	2
Sweepers	2
Chowkidar	1

Equipment

7. Each dispensary should be adequately equipped for the minimum laboratory facilities contemplated including a microscope. Instead of providing one diagnostic set to each doctor as at present, it will be sufficient if a set for each dispensary is provided. In addition, an electric torch, an ordinary nasal and aural speculam and a tongue depresser should be supplied to each doctor. It is recommended that sterilised dressings should be provided at each dispensary through a central supply service. Since electrical equipments go often out of order, it will be advisable to provide an ordinary instrument sterilizer which can be heated either on a hot plate or a burshane gas burner.

8. The Committee very carefully considered the question of the working hours of the dispensary. It recommends that the present system of the functioning in the morning and evening with a break in the middle may continue. Considering the climatic conditions of Delhi, the Committee does not recommend that the dispensary should be kept open continuously for 12 hours as was suggested by some of the beneficiaries.

Domiciliary Visits and Night Duty

9. At present the doctors are called for domiciliary service during dispensary hours. The doctor on night duty has to do full day duty the next day. The Committee feels that the present system is unsatisfactory and recommends that the dispensary medical officer should be free from domiciliary visits and night duty and these functions should be entrusted to a separate group of medical officers located at the Regional Poly Clinics, recommendations about which have been made elsewhere in this report. Pending the change over and the

adoption of the newly comtemplated emergency service, the committee recommends that no medical officer after he performs night duty should be made to work the next morning at the dispensary.

Mobile Dispensaries

10. The Committee is of the opinion that Mobile Dispensaries my continue to cater to the needs of beneficiaries residing in outlying areas. It, however, recommends that proper arrangements for the waiting of the patients be provided at the halting places of the mobile dispensaries.

Specialist and Laboratory Services—Poly Clinics

11. The Committee is of the view that the present arrangement to centralise the specialist and laboratory services in the two hospitals, namely. Willingdon and Safdarjang, is unsatisfactory. The Committee feels that decentralisation of these services will ensure better efficiency and promptness. At present, the Committee has been informed that, there is considerable delay in providing both specialist as well as laboratory services. It is, therefore, recommended that at least five Poly Clinics in different areas should be established. Each of these Poly Clinics should provide the following facilities:—

(*i*) Specialised laboratory examination.

(*ii*) Radiological examination and electro-therapy.

(*iii*) Specialist services.

(*iv*) Domiciliary and emergency service.

(*v*) Initial supply of specialist medicines.

(*vi*) Ambulance service.

(*i*) *Specialised Laboratory examination*

While routine examinations of urine, blood, stool etc., will be undertaken at the dispensary itself, all other types of specialised laboratory investigations should be undertaken in the Poly Clinic. For this purpose, the laboratory at each Poly Clinic should have three sections, namely, Clinical Pathology, Bacteriology and Biochemistry. Each of these sections should be in charge of a trained medical officer with adequate number of trained laboratory technicians and laboratory attendants to assist.

(*ii*) *Radiological Investigations*

The X-Ray Department in the Poly Clinic should be fully equipped for all types of radiological investigations. It should be in charge of a competent Radiologist of Staff Surgeon status. There should also be facilities for electrotherapy, like infra red, ultra violet and diathermy.

(*iii*) *Specialist Services*

The Committee observed that the quantum of work being undertaken is much more than can be handled by the specialist staff. Further, emergency

references and direct calls (at the consultation room or visits at home) on the specialists by a class of beneficiaries of higher income group also dislocates the work. The Committee recommends that the concession of direct consultation with the specialist without a reference through the dispensary doctor should be withdrawn forthwith. Further the specialist should normally give a home visit only on the request of the dispensary or emergency doctor. This will obviously remove the existing invidious distinction between different class of employees.

In regard to the work load the Committee recommends that a consultant should not be required to see more than 12 and the specialist more than 15 cases per day. It further recommends that arrangements for specialist consultations in all specialities should be made at the Poly Clinics.

Because of the fact that all the specialists are concentrated in the two hospitals, considerable delay has been experienced by the beneficiaries in obtaining specialist consultation. If the specialists are located at the Poly Clinics, there will be division of work and consequent minimising of delay. Facilities should be provided for specialities like medicine, surgery, dentistry, ear, nose and throat, ophthalmology, gynaecology and paediatries. Each of the specialist department should be in charge of one staff Surgeon trained in that particular speciality. In so far as medicine is concerned, because of the heavier volume of work, there should be a Junior Staff Surgeon to assist the Medical Specialist. The Surgical Specialist should be in a position to do minor operative work for which purpose there should be a small Operation Theatre at the Poly Clinic. The ophthalmologist may be assisted by a non-medical refractionist for refraction work.

(*iv*) *Domiciliary and Emergency Services*

After very careful consideration, the Committee has decided to recommend the adoption of a new procedure for providing domiciliary and emergency services. The new arrangement has been suggested not only for the purpose of ensuring efficiency and promptness of these services but also to allow the dispensary doctors to devote their entire time to the patients attending the dispensaries. The Committee recommends that domiciliary services should be centralised at the Poly Clinics. For this purpose, each Poly Clinic should have six medical officers so as to provide round the clock service by two doctors at a time. There will be one nursing orderly attached to each of the doctors. In order to facilitate domiciliary services two vehicles should be attached to each of the Poly Clinics. Direct telephone should be provided exclusively for the use of the domiciliary service department. Once the new system comes into operation, the dispensary doctors will not have the responsibility of answering any of the domiciliary calls. Hence no conveyance allowance need be paid to them. The savings thus effected can be utilised for meeting the expenditure in connection with employing extra doctors and other staff for manning the domiciliary and emergency services.

The specialist should not be called directly by any beneficiary for domiciliary visits. They can only be called in consultation with any one of the doctors employed under the Scheme.

The Committee recommends the following staff for each Poly Clinics—

(*a*) *Consulting and Diagnostic Service—*

Staff Surgeon (Physician)		1
„ „ Junior (Physician)		1
„ „ (Surgeon) (Ear, Nose and Throat)		1
„ „ (Eye)		1
„ „ (Gynaecology)		1
„ „ (Radiology)		1
„ „ (Dental)		1
Clinical Pathologist		1
Biochemist		1
Bacteriologist		1
Refractionist (non-medical)		1
Sister		1
Staff Nurses		5
Staff Nurse (X-ray)		1
Clerks (Specialists)	3	6
„ (X-ray)	1	
„ (Laboratory)	2	
Pharmacists		2
Laboratory technicians		3
Laboratory assistants		3
Radiographers		2
Dental Hygienist		1
Dark room assistant		1
Physiotherapist		1
Nursing orderlies		2
Peons		10
Sweepers		3
Chowkidar		1
Staff for central sterilisation and supply—Nursing orderlies.		4

(*b*) *Domiciliary and Emergency Service—*

Medical Officers	6
Nusing orderlies	6
Drivers	6
Cleaners	2

The central supply service will supply sterilised dressings etc. to the Zonal Dispensaries and to the Specialists at the Poly Clinics.

(*v*) *Specialist's Medicines*

Since Specialist's services are to be centralised at the Poly Clinics level, arrangement should be made for the patients to get special medicines prescribed by the specialist at the Poly Clinic. It should, however, be ensured that only two days medicine will be made available to the patients. If medicines are prescribed for more days, they should be obtained from the respective dispensaries for the remaining periods.

The Poly Clinic should be specially designed and constructed in such a way that all the services enumerated above are provided adequately. Broadly speaking, there should be a Consulting Room for each Specialist, a Laboratory with three sections for clinical pathology, bacteriology and biochemistry, an X-Ray department with rooms for Radiography, fluoroscopy, developing and for electro-therapy, a Minor Operation Theatre with its own wash-up and sterilising room, accommodation for central sterilization supply services, dispensing room with store room, office for the Officer in charge and administrative staff, duty rooms for the two emergency duty doctors, adequate number of lavatories, garages for the vehicles and ambulances. Pending the construction of permanent buildings for the Poly Clinics, the Committee recommends that rental accommodation may immediately be obtained so that the Poly Clinics should start functioning without delay.

It is suggested that one of the Poly Clinics might be located at each of the two main hospitals, Safdarjang and Willingdon. This will mean that the specialist wings of the two hospitals will not only continue but will also be expanded to provide all the services enumerated above. The Poly Clinics located in the hospitals should have in addition to the staff already mentioned, a Senior Staff Surgeon (Consultant) for each of the specialities. The surgical and medical divisions should be further strengthened each by the addition of two Junior Staff Surgeons. The hospital Poly Clinics will no doubt have their own laboratories and X-ray facilities intended exclusively for the Contributory Health Service Scheme. The Committee is strongly of the view that while the Consultants will continue to be located in the hospital poly-clinics permanently, the staff Surgeons will be rotated between the Regional Poly Clinics and the hospital Poly Clinics. This will enable the specialists to do hospital work periodically.

(*vi*) *Ambulance Service*

When separate hospitals under the Scheme are established, the Ambulance Service may be located at the hospitals. In the interim period the Committee suggests that one ambulance may be stationed at each of the five Poly Clinics.

Hospitalization

12. The Contributory Health Service Scheme at present does not provide for separate hospital facilities. The beneficiaries have to take their turn in getting admissions to hospitals with other patients. No doubt once they are hospitalised their treatment is free. The present arrangement, however, is unsatisfactory because it involves considerable amount of delay particularly for those suffering from chronic ailments and for those who require cold surgery. The Committee recommends that Contributory Health Service Scheme should take up the responsibility for hospitalisation as well. For this purpose, it is essential to establish two hospitals with 250 to 300 beds each. Out of the 600 beds which might be made available in both the hospitals put together 150 to 200 should be reserved for obstetrics and gynaecology. Since, however, all the needs for maternity service may not be met in the two hospitals, present arrangement that has been made with Maternity and Child Welfare Centres and the Women's hospitals in the city may continue and extended if necessary to other hospitals.

The Committee is of the view that when certain highly specialised services like cardiac surgery, neuro-surgery, special treatment for respiratory diseases are needed, facilities available in other institutions, like the All India Institute of Medical Sciences and the Vallabhbhai Patel Chest Institute. etc. may be utilised.

Medicaments

13. For the Contributory Health Service Scheme the establishment of a separate medical stores is a Must. The accommodation provided for it at present is inadequate. The Committee recommends that a separate building for the medical stores may be constructed for the purpose. On the establishment of the two proposed hospitals under the Scheme the Committee recommends that the medical stores depots may be located at each of the Hospitals.

The medical stores depot is inadequately staffed to handle the work of indenting and supply of medicines to 40 and odd dispensaries. The Committee recommends that staffing pattern should be the same as that of the Government medical stores depots under the Directorate General of Health Services.

14. In regard to the procurement of medicines the Committee recommends that the Vocabulary Medical Stores items may continue to be indented from the medical stores depots under the Directorate General of Health Services. Other special preparations of proprietary nature account for about two third of the total expenditure on medicaments and are at present being procured through the Director General of Supplies and Disposals which constitutes the main bottle-neck in the procurement of medicines. It is recommended that the Director, Contributory Health Service Scheme be authorised to procure all these preparations direct from manufacturers or sole distributors after inviting tenders.

15. One of the complaints of the beneficiaries was about the quality of preparations at the dispensaries. The Committee recommends that the Directorate General of Health Services may draw up a list of manufacturers of standing and repute and quotations may be called from them.

The Committee further recommends that all the dispensaries should be adequately stocked with the preparations on the general and specialist list. The local purchases should be the minimum. The general list should be progressively enlarged by transfering more preparations from the specialist list. These lists should be periodically reviewed.

It is also recommended that no patent medicines, vitamins or hormons should be given to any person as tonics.

Positive Health and Prevention

16. The Committee notes with satisfaction that the authorities have made some important beginnings in regard to the promotion of positive health and prevention of diseases.

(*i*) *Physical Check-up*—At present, there is one physical check-up unit which, in the opinion of the Committee, is inadequate. To begin with, it is suggested that one physical check-up unit should be located at each of the Poly Clinics.

The physical check-up should include routine radiological examination; hence the need to locate the check-up unit at a place where facilities for this purpose exist.

(*ii*) *Yoga Classes*—The Committee welcomes the yogasanas scheme recently organised under the Contributory Health Service Scheme but is not in a position to offer any observations on the benefits accruing of it. As a matter of fact it is too early to evaluate the results.

(*iii*) *Family Planning*—Judicious spacing of additions to the family is desirable not only from the point of view of the health of the mother but also from the point of view of the control of population. The Committee recommends that more emphasis may be given to family planning programme. For this purpose additional family planning centres may be established to have one centre for 20,000 beneficiaries.

(*iv*) *Prophylaxis*—Immunisation programme against diphtheria, tetanus and pertussis is still in early stages and is yet to get into full swing. The Committee hopes that adequate steps would be taken to ensure systematic immunisation of the susceptible population among the beneficiaries. For this purpose it would be worthwhile to maintain special records of all children under 10 years of age. Such records may be maintained at the dispensaries showing the dates of immunisation with triple vaccine. It may be necessary to engage special clerical and inocculation staff for a period of a year or so.

(*v*) It would also be relevant to emphasise the importance of T.A.B. vaccination. The heavy incidence of enteric group of fevers all the year round and the consequent high cost of curative treatment makes such a measure imperative both from prophylactic and financial points of view. The Committee was informed that in the first six months of 1961 the cost of one drug (Chloramphenicol) alone amounted to about Rs. 21,000. The Committee suggests that intensive publicity should be undertaken to popularise the value of prophylactic measures against diphtheria, whooping cough and enteric group of fevers through posters exhibited at all dispensaries. The services of the Family Planning field staff may also be utilised for this.

Morbidity Survey and Vital Statistics

17. The Committee notes with great satisfaction the progress made by the Statistical Section of the Contributory Health Service Scheme in making morbidity survey of the population covered by the Scheme. This is being done in collaboration with the Indian Council of Medical Research. Such a survey will have to be a continuing process in order that reliable data can be obtained periodically. The Committee, however, feels that it is essential to strengthen the statistical organisation of the Scheme in order that comprehensive vital data can be collected and collated. Such data will be not only useful for the Contributory Health Service Scheme but also for the country as a whole particularly in view of the fact that very little reliable morbidity data are available.

Central Workshop

18. To ensure maintenance of vehicles in working condition as also to put them back on road without avoidable delay, it is suggested that a central workshop under the charge of a trained engineer may be set up for the servicing

and repairs of the ambulances, and other vehicles attached to the medical stores depot and Poly Clinics. This workshop could preferably be located alongwith the Medical Stores Depot.

Extension of the Scheme

19. While recommending the continuation of the Contributory Health Service Scheme in Delhi and New Delhi the Committee feels that the present working may be consolidated and the Scheme extended to such other Central Government servants at Delhi as are not at present covered by it.

Other Systems of Medicine

20. During the course of evidence a number of beneficiaries pointed out that they should, under the Scheme, be able to have access to other systems of medicine. The Committee feels that the Government may consider the desirability of providing consultation in other systems of medicine.

Other Relations of the Employee

21. A certain section of beneficiaries suggested that the definition of 'family' may be enlarged to include brothers and sisters who reside with the employee. The Committee does not recommend the inclusion of any other category of relative over and above those now entitled to medical care.

Name of the Scheme

22. The medical officers said that the prefix "contributory" in the name of the Scheme gave an impression of its being financed out of the contributions of beneficiaries; the patient has thus a false idea of his essentially being a giver. They suggested that the Scheme may be called "The Central Government Health Service Scheme". The Committee feels that the acceptance of this suggestion will not in any way effect the genuine partnership between the individual and the State for the proper working of the Scheme. It, therefore, recommends the dropping of the word "Contributory" and renaming of the Scheme as suggested.

Compendium of Rules and Instructions

23. A Scheme of the nature of Health Insuranc creates an array of rights and obligations. To give effect to them administrative routine must be laid down. The Committee observed that the criticism of the Scheme was partly due to the beneficiaries not having its proper appreciation. It was informed that the beneficiaries, even in the higher wage groups, were not aware how to get medical care in a real emergency. The Committee recommends that the Government should undertake to put out precise instructions for the guidance of beneficiaries detailing the different services and the method of availing these.

Training Programme

24. The Committee is of the view that it is essential for the doctors employed in the Contributory Health Service Scheme to be up-to-date in their knowledge of different branches of medical science particularly because of the fact that enormous advances are being made every year in this field. For this purpose, it will be necessary to provide proper facilities for conducting Refresher Courses periodically. Such courses can be arranged in conjunction with the different teaching institutions in Delhi.

25. As promotions in the service will necessarily depend upon postgraduate training and qualifications, the junior doctors in particular should be provided with opportunities for undergoing the different postgraduate courses in which they are interested. For this purpose, they should be given study leave periodically. Some of them, particularly the specialists, might be given fellowships to go abroad solely for the purpose of gaining more practical experience in their respective fields. It will also be desirable to send senior specialists periodically on short observation tours in order to enable them to get acquainted with recent developments made in medical sciences in other countries.

26. The Committee is of the view that the Contributory Health Service administration should periodically meet different categories of staff and arrange for talks on personnel management, doctor patient relationship, community health, corporate life, etc. It will be desirable to inculcate the spirit of service in the minds of all categories of staff. Since the mind has considerable influence over the body, people practising the art of healing will accelerate the process of recovery in a patient by adopting a sympathetic attitude and by kind words of comfort and solace.

Incentives

27. In any field of human endeavour, healthy competition contributes to rapid progress and development. There should be annual competition among dispensaries and a shield should be awarded for the best dispensary service. Similarly awards should be introduced for those among the different categories of staff who have been found most efficient during the year. The Committee feels that provision of such incentives will greatly assist in the successful working of the Scheme.

Regional Councils

Mention has been made previously of the working of the Contributory Health Service Scheme Advisory Committee, its constitution and functions. The Committee considers that it may be a good idea to extend the area of such collaboration with the representatives of the beneficiaries at the periphery also. It is, therefore, suggested that Regional Councils be constituted for the purpose. These Councils will have on them the Welfare Officers, all Medical Officers Incharge of all dispensaries of the Group, representatives of different services and of resident associations and such other nominated element which might be considered helpful. They shall function as advisory bodies within the rules to be framed for the purpose and will enable all sectors concerned to occasionally get together and discuss such matters, as might crop up from time to time and have local significance, and find solution for them without their having to go to higher levels.

Administrative Organisation

29. With the increasing number of beneficiaries to be catered to and the consequent expansion of the Contributory Health Service organisation as a whole, it is considered necessary to augment and strengthen the administrative set up. The Committee is strongly of the view that the Director of the Scheme should be a whole-time officer without any collateral duties to perform. Though in the beginning stages of the Scheme the administration could be administered by the Officers of the Directorate General of Health Services, it is not possible to do so at present as the Scheme has expanded enormously.

The expenditure itself shows nearly 135 per cent increase during the last few years. Medicines worth nearly Rs. 38 lakhs are bought and disbursed annually. Several hundreds of Officers and other categories of staff are employed under the Scheme. It is also very likely that the Scheme will be expanded in the very near future in order to make it more efficient and comprehensive. In the circumstances, the Committee feels that there should be a provision of an Assistant Director General and an Assistant Director Statistics in addition to the existing administrative staff at the headquarters.

Besides the above, it will be desirable to strengthen the other categories of staff as well.

Financial Implications

30. It is estimated that the additional expenditure involved on the basis of the recommendations made in this Report would come to the tune of about Rs. 6·6 lakhs on non-recurring, and Rs. 20·6 lakhs annually on recurring items. A break-up of this may be summarised as under :—

		Rs.
(*a*) *Non-recurring*—		
(*i*)	Five X-Ray Plants for screening as well as radiography	2,50,000
(*ii*)	Laboratory equipment—Five sets	1,25,000
(*iii*)	Five Ambulances	1,25,000
(*iv*)	Ten domiciliary duty vehicles	1,60,000
	Total non-recurring	6,60,000
(*b*) *Recurring*—		
(*i*)	Expenditure on additional dispensary staff	7,85,000
(*ii*)	Expenditure on Poly Clinics	9,85,000
(*iii*)	Emergency staff	2,90,000
	Total recurring	20,60,000

31. Total recurring annual cost of the Scheme as a result of incorporation of these recommendations is expected to rise from Rs. 66·65 lakhs to the tune about Rs. 87·25 lakhs. This raises the average annual cost per employee per annum to Rs. 82·31 as compared with Rs. 62·8 at present. The net expenditure payable by the Government would, however, come to the tune of Rs. 54·00 lakhs as against Rs. 33·40 lakhs actually incurred by the Government during the year 1960. This works out to Rs. 50·[illegible] per employee per year as against Rs. 31·51 at present. The Committee is of opinion that the extended nature of the medical facilities proposed would bring greater satisfaction both to the Government and the beneficiaries.

32. As the setting up of Poly Clinics is likely to take some time in order to afford immediate relief to the medical officers; action should be taken for the appointment of night duty medical officers on the basis of one doctor for each group of dispensaries joining together for this purpose. The cost of this will only come to about rupees one lakh per year.

Acknowledgements

The Committee expresses its grateful thanks to all those who readily came forward to give evidence, and to the authorities of the dispensaries and hospitals for showing us round their respective institutions to explain their working. It further places on record its appreciation of the valuable assistance received from officers and staff of the Contributory Health Service Scheme administration.

RADHA RAMAN, M.P.
Chairman

M.P. BHARGAVA, M.P.
Member

R. VISWANATHAN,
Member

P.G. ZACHARIAH,
Member

R.S. CHAWLA,
Member

W. MATHUR,
Member Secretary

APPENDIX I

Visits to the Dispensaries and Hospitals etc.

Name of Members	Date	Places Visited
All members of the Committee	28th March, 61	Pandara Road Disp.
	12th April, 61	Chandni Chowk Disp. Daryaganj Disp.
	20th April, 61	Moti Nagar Mobile Dispensary at Ramesh Nagar.
	17th August, 61	Willingdon Hospital.
	18th August, 61	Safdarjang Hospital.
Shri Radha Raman, M. P. Shri M. P. Bhargava, M. P. Dr. R. S. Chawla Dr. R. Vishwanathan Shri P. G. Zachariah Dr. W. Mathur	21st August, 61	Willingdon Hospital.
	5th Sept., 61	Medical Stores Depot.,
	8th Sept., 61	Employees State Insurance Disp., Subzimandi.
	8th Sept., 61	Vallabbhai Patel Chest Institute.
Shri Radha Raman, M. P. Dr. R. Viswanathan	29th July, 61	Gole Market Disp., North Avenue Disp., President's Estate Disp.
	1st August, 61	Constitution House Disp., Telegraph Lane & Minto Road Disps.
	2nd August, 61	Lajpat Nagar Disp., Srinivaspuri and Andrews Ganj Disps.
Shri M. P. Bhargava, M. P. Dr. W. Mathur	7th July, 61	Sarojini Nagar I, Sarojini Nagar II and Sarojini Nagar Market.
	13th July, 61	Lodi Road I, Lodi Road II and Kasturba Nagar.
	14th July, 61	Kidwai Nagar, Netaji Nagar, Naoroji Nagar and Lakshmibai Nagar.
	31st July, 61	Moti Bagh I, Moti Bagh II and Chanakyapuri.
Shri P. G. Zachariah Dr. R. S. Chawla	7th June, 61	Paharganj.
	4th August, 61	Pusa Road, Karol Bagh and Dev Nagar.
	5th August, 61	Roop Nagar and Pul Bangash.
	7th August, 61	Patel Nagar I and Patel Nagar II.
Dr. R. S. Chawla Dr. W. Mathur	7th Sept., 61	Tilak Nagar.

APPENDIX II

List of Witnesses

22-8-1961

Serial No.	Name of the Witness	Address	Ministry/Office
1	2	3	4
1	Shri Surya Narain Saxena . .	Representative of Senior Staff Council.	Press Information Bureau.
2	Shri R. P. Agnihotri	Do.	Do.
3	Shri Jeevan Prakash Pant . .	Do.	Do.
4	Shri G. P. Alimchandani . . .	Do.	Do.
5	Shri S. N. Rao	Do.	Min. of Steel, Mines & Fuel.
6	Shri Inder Nath	Do.	Railways.
7	Shri B. L. Sharma	Do.	Do.
8	Shri H. C. Vermani	Do.	Min. of Law.
9	Shri K. L. Dua	Do.	Do.
10	Shri B. N. Bari	Do.	Do.
11	Shri J. C. Tewari	Do.	C.C.I. & E.
12	Shri M. M. Ohazi	Do.	Min. of C. & I.
13	Shri D. V. Mohan	Do.	Secy., M/o. E.A. Senior Staff Council.
14	Shri S. P. Gupta	Do.	Min. of Labour & Employment.
15	Shri A. P. Sharma	Do.	Do.
16	Shri M. S. Lamba	Do.	Do.
17	Shri V. P. Gupta	Do.	C.T.O., Min. of F. & A. (Deptt. of Agri.).
18	Shri Inderdev Singh . . .	Do.	Do.
19	Shri Som Parkash	Do.	Chambal Control Board (Min. of I. & P.).
20	Shri V. N. Suri	Do.	Do.
21	Shri J. L. Kapoor	Do.	Min. of Defence.
22	Shri Amar Nath	Do.	Min. of Home Affairs.
23	Shri A. S. Gupta	Do.	Min. of Home Affairs.
24	Shri S. N. Maitra	Do.	Min. of Finance.

APPENDIX II—*contd.*

1	2	3	4
25	Shri A. N. Chatterji	Representative of Senior Staff Council.	Min. of Health.
26	Shri P. C. Gangopadhyay	Do.	Min. of L. & E.
27	Shri G. Panchapakasan	Do.	Deptt. of Mines &Fuel.
28	Shri R. Gopalan	Do.	Min. of Education.
29	Shri Gurbaksh Singh	Do.	Min. of Rehabilitation.
30	Shri C. S. Rohin	Do.	Min. of F. & Agri.
31	Shri M. S. Chandhok	Do.	Min. of I. & P. (C.W. & P.C.).
32	Shri M. D. Khullar	Do.	Min. of C. & I.
33	Shri Tek Chand	Do.	Min.of Rehabilitation.
34	Shri N. C. Vaswani	Do.	Do.
35	Shri D. D. Sharma	Do.	Do.
36	Shri H. R. Bhuln	Do.	Do.
37	Shri V. N. Bali	Do.	Min. of Transport (Deptt. of Light-house).
38	Shri A. S. Jashpal	Do.	Small Industries Services, Min. of C. & I.).
39	Shri V. S. Sud	Do.	Min. of I. & B.
40	Shri S. P. Gulati	Do.	Min. of I. & P.,C.W. & P.C. (P.W.).
41	Shri Narendra Anand	Do.	Dte. of Extension, Min. of Food & Agri.
42	Shri R. S. Deswal	Do.	Dte. of I.A.R.I.(Pusa), New Delhi.
43	Shri Harilal N. Kandhari	Do.	Food & Agri. Ministry.
44	Shri B. K. Banga	Do.	Min. of I. & P., (Water Wing).
45	Shri S. S. Bhatti	Do.	C.W. & P.C. (I. & P.).
46	Shri Sudershan Kumar	Do.	Min. of Reh., New Delhi.
	23-8-1961		
47	Shri Gurbaksh Singh	Representative of Jr. Staff Council.	Min. of Rehahilitation.
48	Shri H. C. Dewan	Do.	I.A.R.I., New Delhi.
49	Shri Y. S. Verma	Do.	Do.
50	Shri Kedar Nath	Do.	Min. of E.A.

APPENDIX II—*contd.*

1	2	3	4
51	Shri Shayaw Singh	(Representative of Jr. Staff Council.	Deptt. of Lighthouses.
52	Shri Madan Singh	Do.	Min. of C. & I.
53	Shri Jai Narayan Mishra	Do.	Do.
54	Shri Shiv Adhar Shukla	Do.	Do.
55	Shri Kali Ram	Do.	S.R. & C.A.
56	Shri Mathura Dat Mishra	Do.	Min. of Finance.
57	Shri Chandi Parshad	Do.	Min. of Home Affairs.
58	Shri Harish Chandra	Do.	Do.
59	Shri Braj Raj	Do.	Do.
60	Shri D. D. Sharma	Do.	Deptt. of Iron & Steel.
61	Shri Sadar Singh	Do.	Min. of Commerce & Industry.
62	Shri Ram Singh	Do.	D. G. P. & T.
63	Shri Pitamber Datt	Do.	Min. of Labour & Employment.
64	Shri Kasan Chand Wadhwa	Do.	Do.
65	Shri S. P. Thapliyal	Do.	Min. of Works, Housing & Supply.
66	Shri Duli Chand	Do.	Min. of Labour & Employment.
67	Shri Jai Dev	Do.	I.A.R.I., New Delhi.
68	Shri Md. Ishaqu	Do.	Do.
69	Shri Mohd. Abbas	Do.	Do.
70	Shri Nathi Singh	Do.	Do.
71	Shri Bharat Singh	Do.	Exploratory Tube Well Org., New Delhi.
72	Shri Kharaiti Ram	Do.	Dte. of Extension.
73	Shri S. Ramabhadran	Do.	Deptt. of Transport.
74	Shri R. S. Dass	Do.	Do.
75	Shri Kali Dass	Do.	Min. of Education.
76	Shri Chhote Lal	Do.	C.W.P.C.
77	Shri Mahindra Pratap	Do.	Do.
78	Shri Dhana Lal	Do.	Min. of Defence.
79	Shri Sher Singh	Do.	Do.

APPENDIX II—*contd.*

1	2	3	4
80	Shri R. C. Dass Sharma . . .	Representative of Jr. Staff Council.	Min. of Irrigation.
81	Shri Moti Ram	Do.	C.W. & Power Commission, Min. of Irrigation & Power.
82	Shri Raghunath Prasad . . .	Do.	Min. of Railways.
83	Shri Satya Parsad	Do.	Do.
84	Shri Kewal Ram	Do.	Do.
85	Shri Pritam Singh	Do.	Do.
86	Shri Ram Lall Sharma . . .	Do.	Min. of Irrigation & Power.
87	Shri Pratap Singh	Do.	Do.
88	Shri Jugal Ram	Do.	Min. of Steel, Mines & Fuel.
89	Shri Jamna Dass	Do.	Min. of Information & Broadcasting.
90	Shri Vas Dev	Do.	All India Handicrafts Board, Min. of Commerce and Industry.
91	Shri K. C. Pradhan	Do.	Office of Dy. C.C. Imports & Exports, Licensing Area, N.D. D.C.I. & E., C.I.A., New Delhi.
92	Shri Man Mohan Singh . . .	Do.	Do.
93	Shri Lal Singh	Do.	Min. of Labour & Employment.
94	Shri P. K. Majumdar . . .	Do.	Min. of Food & Agriculture.
95	Shri Lakshaman Podder . . .	Do.	Do.
96	Shri Shiv Dayal	Do.	Do.
97	Shri Ram Lall	Do.	Min. of Rehabilitation.
98	Shri Satya Parsad . . .	Do.	Do.
99	Shri Ram Dhan Singh . . .	Do.	Do.
100	Shri Man Singh . .	Do.	Chief Labour Commissioner.
101	Shri Daya Ram	Do.	Delhi Zoo.
102	Shri Paras Ram	Do.	W. & Power Commission (P.W.).

APPENDIX II—*contd.*

1	2	3	4
103	Shri Harsh Singh Rawat	Representative of Jr. Staff Council.	Deptt. of Agriculture.
104	Shri Sahaj Ram	Do.	C.W. & P.C. (P.W.).
105	Shri Norottam Prasad	Do.	Min. of Labour.
106	Shri Hirday Ram	Do.	Do.
107	Shri Chandar Singh	Do.	Do.
108	Shri Mohan Singh	Do.	Min. of Employment & Training.
109	Shri Udai Singh	Do.	Do.
110	Shri Rameshwar Prasad	Do.	F.A.C.B.I.P.P.—C.C.P.
		25-8-1961	
111	Dr. H. L. Khosla	Medical Supdt.	Willingdon Hospital.
112	Dr. P. C. Sikand	Staff Surgeon (Physician).	Safdarjang Hospital.
113	Dr. (Mrs.) A. Moses	Staff Surgeon (Obst. & Gynae).	Willingdon Hospital.
114	Dr. R. N. Chugh	Stan Surgeon (Physician).	Do.
115	Dr. K. N. Shukla	Staff Surgeon (Eye).	Safdarjang Hospital.
116	Dr. Inderjit Singh	Dental Surgeon	Do.
117	Dr. D. S. Sardana	Staff Surgeon (ENT)	Do.
118	Dr. D. N. Mulay	Staff Surgeon (Dermatology).	Willingdon Hospital.
119	Dr. R.A. Darbari	Junior Staff Surgeon (Surgeon).	Do.
120	Dr. S. S. Rikhy	Staff Surgeon (Paediatrics).	Do.
121	Dr. Jagan Nath	Asstt. Surgeon, Grade I (Eye).	Do.
122	Dr. K. N. Srivastava	Do.	Do.
123	Dr. J. P. Singh	Junior Staff Surgeon (Surgeon).	Do.
		29-8-1961	
124	Col. R. D. Ayyar	Medical Supdt.	Safdarjang Hospital.
125	Col. M. S. Rao	Consultant in Medicine.	Do.

APPENDIX II—*contd.*

1	2	3	4
		30-8-1961	
126	Dr. T. R. Tewari	Director (CHS Scheme).	
127	Dr. (Mrs.) G. Sen	Junior Staff Surgeon	Willingdon Hospital.
128	Dr. N. Pinto Do Rosario . . .	Staff Surgeon (Dental).	Do.
129	Dr. (Mrs.) D.Y. Pinto Do Rosario .	Lady Staff Surgeon	Safdarjang Hospital.
130	Dr. S. S. Khandpur	Junior Staff Surgeon (Physician).	Willingdon Hospital.
131	Dr. J. S. Mehta	Asstt. Surgeon Grade I (Skin Deptt.).	Do.
132	Dr. Balraj Sur	Junior Staff Surgeon (Dental).	Safdarjang Hospital.
133	Dr. Raghbir Singh	Junior Staff Surgeon (Physician).	Do.
		1-9-1961	
134	Dr. J. M. Puri	Asstt. Surgeon Grade I.	Representative of CHS Medical Officers.
135	Dr. S. N. B. Gaur	Do.	Do.
136	Dr. G.N. Talwar	Do.	Do.
137	Dr. S. Chakravarti	Asstt. Director (Stores).	CHS Medical Stores Depot.
138	Shri T. H. Goes	Stores Manager .	Do.
139	Mrs. S. Anand	Medico Social Worker.	Family Planning Centre, Subzimandi.
140	Shri Kundan Lal	Representative of CHS Staff Council II.	CHS Dispensary, Chanakyapuri.
141	Shri Darshan Singh Jaggi . . .	Secretary, CHS Staff Council II.	CHS Dispensary, Tilak Nagar.
142	Shri Chhote Lal	Representative of CHS Staff Council II.	CHS Dispensary, Moti Bagh I.
143	Shri K. L. Sharma	Representative of CHS Staff Council I.	CHS Dispensary, Nauroji Nagar.
144	Shri O. P. Thukral	Do.	CHS Dispensary, Chandni Chowk.

APPENDIX II—*concld.*

1	2	3	4
145	Dr. B. R. Handa	Representative of CHS Medical Officers.	Netaji Nagar Dispensary.
146	Shri Balwant Kumar . . .	Secretary, CHS Staff Council I.	CHS Dispensary, Patel Nagar I.
147	Mrs. Sarla Mathur	House-wife and Honorary Social Worker.	11, Humayun Road, New Delhi.

APPENDIX III

List of Persons and Organisations who submitted Memoranda to the Assessment Committee

Serial No.	Name	Designation and Address
1	2	3
1	Shri Surjit Singh Bakshi	B. 149, Vinay Nagar, New Delhi.
2	,, N. P. Gupta	Under Secretary, 41 'M' Avenue, Netajee Nagar, New Delhi.
3	,, R .N. Chaturvedi . . .	53/11-A, Larsen Road, Delhi.
4	,, J. N. Ahuja	11, French Square, New Delhi.
5	,, R. L. Kumar	
6	,, S. K. Bhatia	Asstt. Director (Plant Protection), Directorate of Plant Protection 'Quarantine and Storage, New Delhi.
7	, Jagdish Prasad Jain . . .	Auditor, A.G.C.R.'s Office, New Delhi.
8	,, R. V. Thampy	Legal Asstt., Law Commission, New Delhi.
9	,, K. P. Sircar	Deputy Secretary, Ministry of Finance, New Delhi.
10	,, Prem Mohan	
11	,, Harilal N. Khandari, B.A. . .	P.A. to J. S. (D), Ministry of Food and Agriculture (Deptt. of Agriculture), New Delhi.
12	,, D. Singh	F. 567, Netaji Nagar, New Delhi 3.
13	,, N. K. Gupta	Qr. No. E. 38, Dev Nagar, Karol Bagh New Delhi.
14	,, P. C. Bagga	U.D.C., A.G.C.R., New Delhi.
15	,, O. P. Katarmal	Secretary, Central Govt. Employees Association, Malviya Nagar, New Delhi.
16	,, P. M. Bakshi	Deputy Draftsman, Law Commission, Ministry of Law, 5, Jorbagh, New Delhi.
17	,, K. H. Batheja	Research Officer, Ministry of Community Development & Cooperation, Krishi Bhawan, New Delhi.
18	,, B. N. Sen Gupta . . .	Ministry of Steel, Mines & Fuel (Deptt. of Iron and Steel), New Delhi.
19	,, Murli Manohar Om Kumar .	Ministry of Scientific Research and Cultural Affairs, New Delhi.
20	,, Hargopal	Office of O.T.S., Kashmir House, New Delhi.

APPENDIX III—*contd.*

1	2	3
21	Shri Satish Chandra	Asstt. Development Officer (Tools), Development Wing (Tools Directorate), Ministry of Commerce and Industry, New Delhi.
22	,, L. C. Jain	CI-752, Sarojini Nagar, New Delhi.
23	,, Dyal Singh	Directorate General of Employment & Trai ing, Ministry of Labour and Employment, New Delhi.
24	,, K. C. Jain, M.A.	Ministry of Labour and Employment, New Delhi.
25	,, Ved Parkash Dhingra . .	26/43, West Patel Nagar, New Delhi.
26	,, S. K. Sharma	B. 121, Moti Bagh II, New Delhi.
27	,, K. S. Mathur	Deputy Director (Admn.), Directorate of Extension, Ministry of Food and Agriculture, New Delhi.
28	,, P. N. Godbole	Technical Assistant, Directorate of Extension, Min. of Food and Agriculture, New Delhi.
29	,, V. Srinivasan	Research Officer, Central Statistical Organisation, Yojna Bhawan, Parliament Street, New Delhi.
30	,, N. K. Panda	D. 1/129, Diplomatic Enclave, New Delhi.
31	,, B. R. Bowry	Information Officer, Press Information Bureau, New Delhi.
32	,, U. C. Mittal	C. 2/7, Lodi Colony, New Delhi.
33	,, Y. Saidayya, B.A.(HONS). . .	Economic Investigator, B. 727, Sarojini Nagar, New Delhi.
34	,, Shanti Parkash	45/7, East Patel Nagar, New Delhi.
35	,, P. S. Saxena	Under Secretary, Ministry of Finance (H. I. I. Division), New Delhi.
36	,, C. Rangan	Stenographer, Ministry of Finance (H. I. I. Division), New Delhi.
37	,, Rajinder Nath	F. 493, Netaji Nagar, New Delhi 3 (Office of the Pay and Accounts Officer).
38	R. N. Malik	Press Information Bureau, New Delhi.
39	,, A. Dayal	Section Officer, Ministry of External Affairs, New Delhi.
40	,, Dev Raj Chopra	4, Azad Market, Delhi.
41	,, G. Panchapakesan	Section Officer and Secretary, Senior Staff Council, Min. of Steel, Mines and Fuel, New Delhi.

APPENDIX III—*contd.*

1	2	3
42	Shri Jai Deo	L. D. C., Department of Mines and Fuel, Ministry of Steel, Mines and Fuel, New Delhi.
43	,, Sada Nand and other 243 signatories of various Ministries.	
44	,, S. K. Sarkar	Section Officer, Ministry of Food and Agriculture (Deptt. of Agriculture), New Delhi.
45	,, A. K. Chhabra	F. 274, Lakshmibai Nagar, New Delhi.
46	,, I. S. Kohli	Qr. No. 475, Srinivaspuri, New Delhi 14.
47	,, N. A. Kohli	Section Officer, Directorate of Plant Protection, Quarantine and Storage, 4/19, Ajmeri Gate Extension, New Delhi.
48	,, A. H. Madnani	Office of Chief Labour Commissioner, New Delhi.
49	,, G. P. Alimchandani	Secretary, Senior Staff Council, Press Information Bureau, New Delhi.
50	,, S. M. Chahlani	Indian Council of Agricultural Research, Krishi Bhavan, New Delhi.
51	,, K. C. Gupta	Deputy Director (Admn.), Directorate General of Health Services, New Delhi.
52	,, Shamsher Singh	Special Representative, Central Govt. Employees Welfare Association, Tilak Nagar, New Delhi.
53	,, T. P. Bhambani	Assistant, G.M.F.(S), Ministry of Food and Agriculture, Deptt. of Agriculture, New Delhi.
54	,, R. R. Sharma	
55	,, J. S. Mamick	Spectacle Lens & Instrument Manufacturers, 12-B. Cannought Place, New Delhi.
56	,, S. L. Koehhar	Directorate General of Supplies and Disposals, New Delhi.
57	,, N. K. Bhardwaj	Section Officer, Ministry of Information and Broadcasting, New Delhi.
58	,, P. C. Sethi	A. 239, Pandara Road, New Delhi 11.
59	,, Daya Shankar	Section Officer, Directorate General of Supplies and Disposals, New Delhi.

APPENDIX III—*concld.*

1	2	3
62	Shri M. C. Jain	Head Clerk, Indian Agricultural Research Institute, New Delhi.
63	„ Inder Nath	Private Secretary to Additional Member (Staff), Railway Board Northern Railway, New Delhi.
64	„ K. S. Mathur	Under Secretary, Ministry of Rehabilitation, New Delhi.
65	„ Dhanwantri Prakash . . .	Assistant G.M.F. (S), Ministry of Food and Agriculture, New Delhi.
66	„ Rughnath Rai	U.D.C. G.M.F. (S). Department of Agriculture, New Delhi.
67	„ Chander Kishore. . . .	Stenographer, Department of Mines and Fuel, Ministry of Steel, Mines and Fuel, New Delhi.
68	„ J. R. Goel	L.D.C. G.M.F. (S), Department of Agriculture, New Delhi.
69	„ A. B. Gupta	Min. of Labour and Employment, New Delhi.
70	„ C. P. Singh Anand . . .	Assistant Pathologist, Indian Agricultural Research Institute, New Delhi.
71	„ S. Seshagiri Rau . . .	Chief Health Division, Planning Commission, New Delhi.
72	„ H. M. Tandon	Indian Agricultural Research Institute, New Delhi.
73	„ K. P. Bhattacharjee . . .	Office of the Dy. Director of Observatories (Instruments), Lodi Road, New Delhi.
74	„ Sudarshan Kumar . . .	Directorate General, All India Radio, New Delhi.
75	„ K. K. Bhatji	Secretary, Senior Staff Council, Ministry of Commerce and Industry, New Delhi.
76	Mrs. Sarla Mathur	11, Humayun Road, New Delhi.
77	Shri G. B. Lall	Member, Senior Staff Council, Central Water and Power Commission, New Delhi.
78	„ Amar Nath	Secretary, Senior Staff Council, Ministry of Home Affairs, New Delhi.
79	„ C. B. Mathur	Honorary Secretary, Central Services Welfare Board, C/o Iron and Steel Control, 33, Netaji Subhas Road, Calcutta 1.

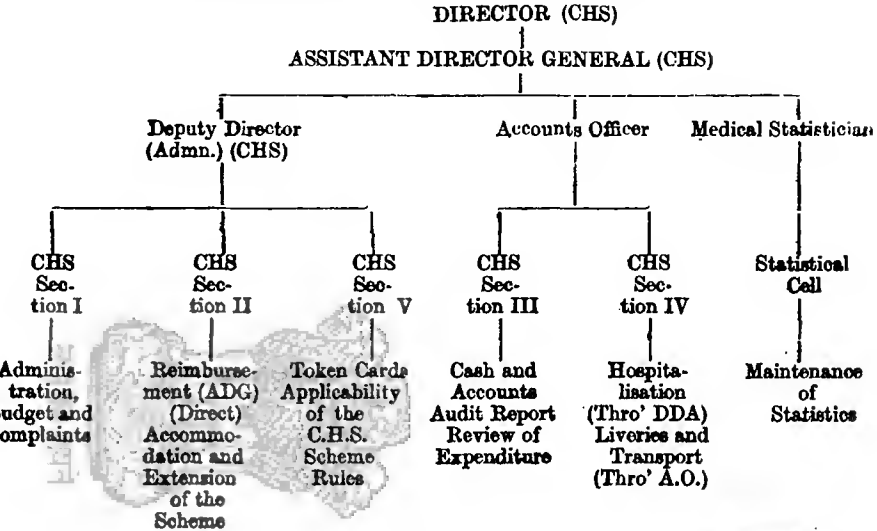
APPENDIX IV

Dates of the Meetings of the Committee

Serial No.	Dates
1	21-3-61
2	28-3-61
3	12-4-61
4	20-4-61
5	9-5-61
6	17-8-61
7	18-8-61
8	22-8-61
9	23-8-61
10	25-8-61
11	29-8-61
12	30-8-61
13	1-9-61
14	3-9-61
15	4-9-61
16	5-9-61
17	6-9-61
18	5-10-61
19	6-10-61
20	21-10-61
21	22-10-61
22	23-10-61
23	24-10-61
24	26-10-61
25	1-11-61
26	2-11-61
27	3-11-61
28	9-11-61
29	10-11-61 (Fore-noon)
30	10-11-61 (After-noon)
31	15-11-61
32	25-11-61

APPENDIX V

ADMINISTRATIVE SET UP OF THE CONTRIBUTORY HEALTH SERVICE SCHEME



Designation	Total sanctioned strength							Total
Section Officers	5	2	1	1	..	1	..	5
Accountant	1	..	..	..	1	..	..	1
Assistants	12	4	2	2	2	2	..	12
Statistical Assistants	2*	..	..	..	..	..	2	2
U.D. Clerks	18	6	4	2	4	2	..	18
Stenographer/Stenotypist.	1	..	..	..	..	..	..	1
Computor	1	..	..	..	..	..	1	1
L. D. Clerks	42	7	9	20	8	5	3	42
Gestetner Operator	1	..	..	..	..	..	..	1
Daftries	7	1	1	1	1	1	..	5
Peons	13	1	1	1	2	1	..	6

*Including one sanctioned in connection with the study on oral contraceptives.

M/S62DofCHS—2,000—7-3-62—GIPS